Failed ATM Transaction Format

To: The Branch Manager

_____ [Name of the Bank   ]
_____ [Name of the Branch] *
_____ [Name of the City   ]

1.	**Customer Information:**
	Name of the Customer :
	Account No. :
	Debit Card / ATM Card No. :
2.	**ATM Information:**
	ATM ID/Location, if ID is not available :
	Name of the ATM Bank :
3.	**Nature of the Complaints**
	a) Complaint relating to Cash withdrawl:
	Amount requested for withdrawl : [Rs]
	Amount actually disbursed at ATM : [Rs]
	Amount to the account debited : [Rs]
	Date of transaction : [/ /] (mm/dd/yy)
	Time of transaction : [ ]
	b) Card Capture by ATM
	c) Other complaints

Date: / /   **Signature of the Card Holder**
                                Contact Tel/Mobile No.

(Name of the bank branch where cardholder account is maintained which is linked to ATM card)