



Refund Request Form

Name:	Member #:	Share Draft Type:
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I am requesting a refund for:

ATM Surcharges

I am enclosing all the ATM receipt(s) for my transactions that incurred surcharge(s). I understand that I am allowed a maximum refund of \$20 per month for ATM surcharges and CU ATM fees, and that I must submit a request form within 90 days of the surcharge or fee.

ATM Surcharge Fees Total: \$ _____

CU ATM Fees Total: \$ _____

NSF/Courtesy Pay Fee Refund

I am requesting one NSF/Courtesy Pay Fee Refund that occurred on _____ (Date). By signing below, I am certifying that I have not requested an NSF/Courtesy Pay Fee Refund. I understand that I have a waiting period of 90 days after opening my checking account and that I am entitled to the NSF/Courtesy Pay Fee Refund requested.

Other Refund Request and Explanation

Member Signature _____ *Date* _____

OFFICE USE:

<i>Taken By:</i>	<i>Date:</i>	<i>Refunded By:</i>	<i>Refund Amount:</i>	<i>Date:</i>
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Please forward the completed form to Support Services for immediate processing.