

**Baptist Health
South Florida
Federal
Credit Union**



ATM RESEARCH REQUEST

Date: _____

Teller's Initials: _____

Cardholder's Name: _____

Account Number: _____

Home #: _____ Work #: _____ Cell #: _____

Description of research including dates and amounts of transactions, also include the VISA expiration date if VISA Check Card research is requested. If possible, please include the original ATM receipt.

Card #: _____

Exp. Date: _____

X _____
Member's Signature

Date

For Office Use Only

Date received: _____

Date processed: _____

Employee Initials: _____

Comments: _____
