



ATM COMPLAINT FORM



Please fill the form and submit to your nearest Card Issuing Bank Branch

TO THE BRANCH MANAGER

Name of the Bank :

Name of the Branch* :

Name of the City :

*Name of the bank branch where cardholder account is maintained which is linked to ATM Card

CUSTOMER INFORMATION

Name :

Account No. :

Debit Card / ATM Card No. :

ATM INFORMATION

ATM ID :

If ATM ID is not available :

then give location and City

NATURE OF THE COMPLAINT

a) Complaint relating to cash withdrawal

Amount requested for withdrawal : ₹

Amount actually disbursed at ATM : ₹

Amount debited to the account : ₹

Date of Transaction :

Time of Transaction :

b) Card capture by ATM :

c) Other Complaint :

.....
Signature of
the cardholder

.....
Contact No.

.....
Date