

**Country Bank for Savings
75 Main Street
Ware MA 01082
1-800-322-8233**

Account Number:

Trace Number:

Required Adjustment Documentation

The following information is required to resolve your reported ATM/Debit Card transaction error. If the error involves a Debit Card, MasterCard requires that you complete the description of the transaction in detail. **Please include reference of any attempt to resolve the dispute with the merchant.** Also, please include any return information if merchandise was involved.

Certification:

On _____ I did use my Country Cash MasterMoney/ATM card
(Date)
number _____ at _____ at
(Card Number) (Transaction Location)
approximately _____ in the amount of \$ _____ and the following occurred:
(Time) (Amount)

My debit card was in my possession at the time of this transaction.

(Customer Signature) (Date)

Customer Name and Address:

(Employee Name) (Branch) (Date)

If transactions are being protested for the reason of unauthorized we require that a separate Security Affidavit be completed for EACH transaction in addition to this form.