



ATM Dispense Error Form

ATM location: _____

Bank: _____

Customer's Name: _____

Card No.: _____ A/C No.:

Error types: cash not dispensed at all Partial dispense (incomplete cash dispensed) Card retracted

Others (please specify): _____

Error date: Error time: _____
Day Month Year

Amount: _____

Customer's phone No.: _____ Customer's signature _____

(FOR OFFICIAL USE ONLY)

Error resolved: Yes No Sent to e-business

Comment: _____

Date: Time: _____
Day Month Year

ATM Custodian
(Name & Sign.)

Head of operations
(Name & Sign.)