



Fee Reversal/Investigation Request

Member name: _____

Account number: _____

Dates of issue: _____

Total amount of fees assessed: _____

- Member receiving statements** Yes/No (circle one)
- Member has access to online information** Yes/No (circle one)
- Member has access to automated phone information** Yes/No (circle one)
- Member balanced account to statements** Yes/No (circle one)
- Member receives notices** Yes/No (circle one)
- Member has had a similar issue before?** Yes/No (circle one)
- Member has given us updated info (address change etc.)** Yes/No (circle one)

Reason for fee reversal or investigation request: (attachment or copy of issue if necessary)

Please note that if an issue is researched and is found not to be an error by the credit union there may be a charge associated with the time involved; such as account reconciliation etc. at \$10/half hour.

Member signature

Date

For office use only

Date received: _____

Approved/Denied (circle one)

Reason _____

Amount deposited to account:

Supervisor signature: