

ATM Complaint Redressal Form



(Customers may please drop the complaint form on account of failed ATM transactions at the bank branch where they maintain their account and to which their ATM card is linked)

To,
The Branch Manager

_____ (Name of the Bank)

_____ (Name of the Branch*)

_____ (Name of the City)

Customer Information:

Name of the Customer : _____

Account No. : _____

Contact No. : _____

ATM Information:

ATM ID / Location : _____

If ID is not available,
Name of the ATM Bank : _____

Nature of the Complaint :

☐ Complaint relating to cash withdrawal

Amount requested for withdrawal : ₹ _____

Amount actually disbursed at ATM : ₹ _____

Amount to the account debited : ₹ _____

Date of transaction : _____

Time of transaction : _____

Transaction ID : _____

☐ Other complaints : _____

Date: _____

Signature of the Customer