

**Country Bank for Savings  
15 South Street, Suite C  
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)

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

\_\_\_\_\_  
(Customer Signature) (Date)

Customer Name and Address:

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\_\_\_\_\_  
(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.**