

ATM Dispense Error Form



Guaranty Trust Bank plc
RC 152321

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: Day Month Year Error time: _____

Amount: _____

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

(FOR OFFICIAL USE ONLY)

Error resolved: Yes No Sent to e-business

Comment: _____

Date: Day Month Year Time: _____

ATM Custodian
(Name & Sign.)

Head of operations
(Name & Sign.)