

THE ROHIKA CENTRAL CO-OPERATIVE BANK LTD. MADHUBANI Head Office -Madhubani

<u>Charge-Back Claim Form</u> <u>REQUEST FOR REVERSAL OF FAILED ATM TRANSACTION</u>

The Branch Manager	Branch													
<u>Customer Information</u>														
Name of Customer*: .														
Account Number*:														
Debit Card NO.*:														
RRN Number:											(F	or Of	fice U	se Only)
ATM Information ATM ID / Location. If II Name of the ATM Ban				•]
Complaint relating to Cash withdraw Amount requested for withdrawal* Amount actually disbursed at ATM* Amount debited in Account* Date of transaction* Time of transaction*				<u>wal</u> [] [] [] []										
Declaration: - I here or credit the amour Corporation of India (N	nt in my a													
Date:// Mobile Number of cus									Się	gnatu	ire o	f the	Card H	Holder
Branch Manager Request / approval/comments														
Date://					h cla	aim	Signature of the Branch Manager							
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* (Mandatory Fields)