



**EDS AUTOMATIC ADJUSTMENT FORM**

Member ATM/Debit Card Number: \_\_\_\_\_ Account#: \_\_\_\_\_

Share ID: \_\_\_\_\_

Member Name: \_\_\_\_\_

Adjustment Amt: \$ \_\_\_\_\_

Fees Amt: \$ \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Post Date: \_\_\_\_\_

Description of ATM Machine: \_\_\_\_\_

Reason Why Member Requesting Adjustment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provisional Credit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Representative Name: \_\_\_\_\_

Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

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For Research Unit Only

Date Sent to EDS: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Date Provisional Credit Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other \_\_\_\_\_

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