



PO Box 2510
North Bend, WA 98045
425.888.4004
425.888.4240 Fax
www.snofalls.com

AFFIDAVIT OF DEPOSIT FUNDS SHORTAGE AT ATM

I, _____, state that I used the ATM located at
on ____/____/20____.

I requested a deposit of \$ _____ to Account Number _____ but received only
\$ _____ at the ATM machine.

Name:

Address:

Phone Number:

Email:

Signed:

Date:

Please attach a copy of transaction receipt to this statement of shortage.

Sno Falls Representative:

Please return the completed form to info@snofalls.com or visit one of our branch locations.