



PO Box 2510
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AFFIDAVIT OF FUNDS SHORTAGE AT ATM

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

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

Name:

Address:

Phone Number:

Email:

Signed:

Date:

Please attach a copy of the 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.