



PassPort Adjustment Request Form

General Information

Today's Date:	
Institution Name:	Finex Credit Union
Contact Name:	Lissette Comstock
Telephone Number:	(860) 282-0001 x 113
Fax Number:	(860) 610-0350
Email Address:	lcomstock@finexcu.org
Routing and Transit Number:	211176901

Transaction Details

(all fields MUST be completed to process the Adjustment)

Requested on behalf of:	<input type="checkbox"/> Cardholder <input type="checkbox"/> Terminal	(please check one item)
Card Number:		
Transaction Date:		
Local Terminal ID:		
Local Sequence Number:		
Local Time:		
Transaction Type:		
Transaction Amount:		
Adjustment Type:	<input type="checkbox"/> Debit <input type="checkbox"/> Credit	(please check one item)
Dispute Amount:		
ATM Address:		
City and State:		
Comments:		

