ATM Fee Rebate Form

Please note the following:

- Your qualifying Checking Account must be open at the time of your request. No other NIHFCU checking account programs are eligible.
- Complete one ATM Rebate form per monthly Statement Cycle. ATM fee refund requests must be submitted within sixty (60) days of the date of your last statement.
- The rebated funds will be credited into your Checking Account approximately ten (10) business days after receipt of this form

Please do not send multiple requests for the same ATM fee rebates. Keep a copy of the Rebate Form for your records. NIHFCU is not responsible for lost or misdirected mail.

Qualifying Checking Account Type: ☐ **Money Manager Plus** ☐ **Money Manager**

Member Number: _____ Account Suffix: _____

Member Name: _____ Debit Card Number (Last 4 Digits): _____

Email Address: _____ Contact Phone Number: _____

Statement Cycle Month: _____

☐ I currently have direct deposit of my full pay check or other regular monthly income in an NIHFCU deposit account (Savings Accounts, Checking Account or Money Market Account).

☐ I currently have combined deposit balances of $10,000 or more at NIHFCU (inclusive of Savings Accounts, Checking Account or Money Market Account and Certificate Accounts).

Transaction Date	ATM Fee
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total:	$ _____

Additional Information:

Rebates are for ATM surcharges from other financial institutions only. Foreign Exchange Fees are not rebated. If the number of fees for which you are requesting a rebate exceeds the space on this form, please attach an additional sheet listing transaction date(s) and fee amount(s).

- Money Manager Checking Accounts - The maximum ATM rebate is $25 per statement cycle.
- Money Manager Plus Checking Accounts - There is no maximum rebate amount per statement cycle.

The National Institutes of Health Federal Credit Union (NIHFCU) reserves the right to discontinue this program at any time. If you have questions concerning your rebate, please contact our call center at 301.718.0208.

There are two options to submit your request:

By Mail:
NIH Federal Credit Union
P.O. Box 6475 Rockville, MD 20849-6475
Attn: Member Contact and Support Center – ATM Rebates

By Fax:
301.770.5372(Attn: Member Contact and Support Center –TM Rebates)

For NIHFCU Use only

Date Received: _____ Employee Initials: _____

Date Posted	Total Amount Posted:	Account Suffix #	Posted By - Employee Initials
_____	_____	_____	_____