

ATM/DEBIT CARD DISPUTE FORM

CARDHOLDER INFORMATION

<u>Cardholder Name:</u>	<u>Address:</u>
<u>Account Number:</u>	<u>Primary Phone:</u> () -
<u>Card Number:</u>	<u>Secondary Phone:</u> () -

Cardholder did not participate or authorize transaction:

Duplicate Charge: Canceled transaction/membership (Need proof of cancellation):

Cash Not Dispensed from ATM:

Merchandise or Service was never received (Need proof/details of communication with merchant):

Card was: Lost: Stolen: Compromised: Date Card was Lost/Stolen: _____

Date Card was reported Lost/Stolen to the Bank: _____

Was the incident reported to the Police? Yes No Location/Date Reported: _____

Does anyone have access to your Personal Identification Number (PIN)? Yes No
If Yes, Who? _____

Have you ever allowed anyone to use your ATM/Debit Card? Yes No
If Yes, Who? _____

Would you like your new card to be Opted-In or Out for our Automated Billing Updater? Opt In Opt Out
****If this section is not completed, any replacement card order will automatically be Opted-In to the MasterCard Automatic Billing Updater Service****

DISPUTED TRANSACTIONS

<u>Date Posted</u>	<u>Amount</u>	<u>Merchant</u>

The undersigned Cardholder hereby certifies that the above information is true, correct and complete; that the Cardholder did not receive any of the disputed funds or any direct or indirect benefit there from; and that the Cardholder agrees to fully cooperate in any civil or criminal prosecution arising out of the disputed transaction(s) or errors(s).

Customer Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

To Whom It May Concern,

My name is _____ and my debit card number
is _____. I am disputing a charge or charges that were debited from my
account. The following transaction(s) was debited from my account:

<u>Date Posted</u>	<u>Amount</u>	<u>Merchant/Location</u>

I did not authorize the above listed merchant(s) to debit my account. I tried to contact the merchant multiple times and have received no answer. I have not lost possession of my card and have not given anyone else permission to use it. Please credit my account the amount(s) that has been debited.

Thank you,

Customer Signature: _____ **Date:** _____

BANK CHECKLIST

- YES, Did you include REQUIRED copy of account statement with the transaction in question marked?
- YES, Did you provide a copy to the Cardholder for their records?
- YES, Did you review facts with client to ensure proper/sufficient information is provided for timely investigation?
- YES, if police report was obtained, did you include it with documentation?

Initials: _____

