

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: ☐ Cancelled 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 twice. 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 twice. 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: _____

ADDITIONAL DISPUTED TRANSACTIONS

[illegible]