

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> () -

My card was: Lost: Stolen: Compromised: Date Card was Reported Lost/Stolen: _____

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

Fraudulent Transaction(s): Cardholder did not participate or authorize transaction (REQUIRED- Complete Fraud Letter [only for this option])

Difference on Charge: I was charged a different amount from what my original purchase was for. The purchase was for \$_____ on _____(date), but \$_____ was debited from my account. (Provide receipt of transaction)

Duplicate Charge: I was debited twice for the same transaction when I had possession of my card. The correct transaction for \$_____ posted to my account on _____(date).

Cancelled transaction/membership: I cancelled the services on _____(date), however the merchant still debited my account. (Provide proof of cancellation)

Merchandise or Service was never received: I did not receive the merchandise/service I expected to receive on _____(date) for the amount of \$_____. (Need proof/details of communication with merchant)

Cash Not Dispensed from ATM: I attempted to withdrawal \$_____ from an ATM and the machine did not dispense the money I requested. (Provide receipt of withdrawal)

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:** _____

FNB Employee Signature: _____ **Date:** _____

<p>Would you like your new card to be Opted-In or Out for our Automated Billing Updater? **If this section is not completed, any replacement card order will be automatically Opted-In to the MasterCard Automatic Billing Updater service. **</p> <p style="text-align: center;"><input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out</p>
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Customer Fraud Letter

To Whom It May Concern,

My name is _____ and my debit card number is _____. I am disputing a charge(s) that was 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** **have not** (choose one) 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: _____

