

DEBIT CARD TRANSACTION DISPUTE FORM

Date Cardholder Notified Financial Institution: _____ Cardholder Reported Dispute: _____

Cardholder Name: _____

Cardholder Address: _____

Cardholder City: _____ State: _____ Zip: _____

Cardholder Phone Number: (H) _____ (W) _____ (C) _____

Card Number: _____

Account(s): _____

Date Debit Card Discovered Lost/Stolen: _____

Name(s) of Anyone Who May Have Access to Card and/or PIN: _____

Disputing Multiple Transactions: _____

Yes

No

Police Report Obtained for Stolen Card (If Applicable): _____

Yes

No

Filed Date: _____ Police Report Number: _____

City Report Filed In: _____

I had possession of my debit card at the time the disputed transaction(s) took place.

Yes

No

Transaction Amount(s)

Transaction Date(s)

Merchant Name(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

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Check appropriate dispute reason(s): (check all that apply)

Duplicate posting. The original transaction posted to account for \$ _____ on _____.

Duplicate transaction posted to account for \$ _____ on _____.

Incorrect amount. The amount on receipt is \$ _____; however, \$ _____ posted to my account.
(Provide copy of receipt)

Merchandise received on _____ was returned to merchant on _____.

Reason for dispute: _____
(Provide signed proof of return or postal receipt)

I have received a credit receipt from the merchant; however, the credit has not posted to my account.
(Provide copy of credit receipt)

Merchandise not received. Expected delivery date: _____

Date merchant contacted: _____

Merchant response: _____

I did not participate or have any knowledge of the above transaction(s) nor did I allow anyone to use my debit card.
(Contact merchant prior to disputing charges) Date merchant contacted: _____

Merchant response: _____

I authorized the merchant to bill my account on a monthly or continuing basis; however, I canceled or revoked that authorization.

Date merchant notified: _____

Reason for cancellation: _____

Cancellation date: _____

Cancellation confirmation number: _____

Merchants cancellation policy: _____

(Cancellation policy should be within agreement/authorization between consumer and merchant)

I certify that the services or merchandise charged to my account were paid by other means.

If no method of other payment can be determined, issue must be resolved between consumer and merchant.

(Provide a copy of the other method of payment: i.e. cash receipt, canceled check, credit card receipt or statement, etc.)

I canceled a reservation with a merchant within the guidelines set by that merchant and agreed to by me at the time the reservation was initiated; however, my account was charged for the reservation.

Provide cancellation number provided by merchant or reason you do not have a cancellation number:

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Other type of dispute (**situation must be described in detail**):

Disclosure Information: If we have provisionally credited your account, we have not completed our investigation of the transaction in question within the time period provided by law (10 business days or 20 business days if the suspected error occurred during the first 30 days from account opening). Therefore, we have credited your account for the amount in question while reserving the right to reverse the credit should we determine that no error occurred. Furthermore, if we determine that no error occurred you will be notified of the date and amount of any debit we make to reverse the provisional credit. We will honor checks, drafts or similar paper instruments payable to a third party and preauthorized transfers from your account for five (5) business days after receipt of such reversal notice. If we determine that an error did occur, you will be notified that the provisional credit is final. In either event, we will complete our investigation within 45 days for a PIN-based transaction or 90 days for a POS transaction. If this is a new account (less than 30 days old) or the transaction was initiated outside of the United States of America, or the transaction resulted from a point-of-sale debit card transaction, we will complete our investigation within 90 days. If we determine that an error did not occur or that an error different from that reported by you occurred, you have the right to request (in writing) copies of the documents upon which we relied in making our determination.

By signing below, I declare that I or any person acting in concert with me did not originate the posted transaction with fraudulent intent. I further agree to fully cooperate with the financial institution in any investigation it may conduct and agree that failure to cooperate authorizes the financial institution to debit my account(s) for any amount the financial institution has paid me based upon this affidavit. I attest the Debit Card Dispute form is true and understand that making a false statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.

Unauthorized or Fraudulent Use Disclaimer:

This Debit Card Dispute form was completed for the purpose of establishing the fraudulent use of my debit card. My debit card was not given, sold or traded to anyone nor was anyone given permission to use the card. I did not receive any benefit from the unauthorized use of my debit card. I confirm I did not originate or authorize the transaction.

Cardholder Signature: _____ Date: _____