

## Instructions

Complete the fields below, obtain the cardholder's signature and submit this form by fax or email.

## Card Information

Debit Card #: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Date of Last Valid Transaction: \_\_\_\_\_

## Disputed Transactions

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

I've attempted in good faith to resolve this dispute with the merchant.  No  Yes (If Yes, include details below.)

At the time of the transaction, the card was:  Lost  Stolen  In my possession

## Category

Check on category below that best describes your dispute for the transactions listed above. Please Note: Complete a separate form for each transaction if more than one category applies.

**Unauthorized/Counterfeit Chip Transaction**

I didn't authorize or engage in the transaction. The card is hot-carded.

**Returned Merchandise**

I returned merchandise to the merchant on \_\_\_\_\_ (date)

A copy of the delivery carrier receipt is enclosed.

**Debit Card Account Billed Twice**

I was incorrectly charged \$ \_\_\_\_\_ on \_\_\_\_\_ (date)

The correct transaction for \$ \_\_\_\_\_ posted on \_\_\_\_\_ (date)

**Defective Merchandise/Not as Described**

The merchandise arrived broken, defective or otherwise unsuitable OR the product or service was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to receive are enclosed. I returned or attempted to return the merchandise on \_\_\_\_\_ (date).

**Merchandise or Service Not Received**

I didn't receive the merchandise or services I expected to receive on \_\_\_\_\_ (date). A detailed description of the merchandise or services purchased: \_\_\_\_\_

\_\_\_\_\_

**Credit Slip Issued and Not Present**

I was issued a credit receipt that didn't post to my account. A copy of the credit receipt is enclosed with this form.

**Canceled Services/Merchandise/Reservation**

I canceled the services/merchandise/reservation on \_\_\_\_\_ (date). However, the merchant continues to bill me. The reservation cancellation number is: \_\_\_\_\_

**Paid by Other Means**

I paid for this transaction using cash, check, or another bank card. A copy of my cash receipt, canceled check or other bank card statement is enclosed.

**Non-recognition**

I don't recognize this transaction. I've attempted in good faith to identify the transaction.

**Incorrect Amount**

I was billed \$ \_\_\_\_\_, but the correct amount is \$ \_\_\_\_\_. Evidence of the correct amount is enclosed.

**Other**

Please enclose a detailed description on a separate sheet and include it with this form.

## Cardholder Signature

\_\_\_\_\_  
 Cardholder Signature (must be the name listed on the card)

\_\_\_\_\_  
 Date

Teller: