

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: