

DEBIT CARDHOLDER FRAUD/DISPUTE FORM

Cardholder Name	Debit Card Number

I understand that knowingly making a false sworn statement is subject to federal and or state statutes and may be punishable by fines and/or by imprisonment. _____ (Initials required)

Please answer all of the following:

- I discovered/was informed that the card was Lost Stolen Stolen Card Number Never received
- How did you discover the fraudulent transaction(s)? _____

- The report was made to: Fraud Department or the Financial Institution on _____ (date).
- What was the last transaction you authorized? Date: _____
Merchant Name : _____ Amount: _____
- Have you give anyone permission to use your card? Yes No
If yes, who? _____
- Did you file a police report? Yes No
If yes, Police Department _____ Case Number _____

Disputed Transaction List *

Merchant Name _____ Amount _____ Date _____

Merchant Name _____ Amount _____ Date _____

Merchant Name _____ Amount _____ Date _____

* List additional transactions on the second page.

(Choose one option below from either the Fraud or Dispute section. Do not select more than one option.)

FRAUD

Choose the ONE category that best describes your case:

- I did not participate or authorize this transaction.
My card: is in my possession was lost or stolen at the time of transaction.

DISPUTE

Choose the ONE category that best describes your case:

- 1) I paid for this purchase another way, but it still posted to my statement. I have provided: A cash receipt Copies of both sides of a canceled check The credit/debit card statement where the valid charge appears **(One of the above is required to submit your case.)**
- 2) This charge posted to my account twice, but I only authorized one purchase. The valid charge posted on (date) _____. My card is still in my possession.
- 3) The charge posted to my account for an amount different from the amount on my receipt.
- 4) I have/have not (**circle one**) enclosed a copy of my receipt showing the difference.
- 5) I have not received expected goods or services. The expected date of delivery/completion was _____. I have contacted the merchant and the response was _____. (Please place additional details of this dispute on the second page of the form.)

- 6) The merchandise received was not as described, poor quality, damaged, or unsuitable for the purpose intended. I returned (or attempted to return) the merchandise on _____. I have contacted the merchant and their response to the return was _____. (Please provide details of what was wrong with the merchandise on the second page of the form, and include proof the goods were returned to the merchant, such as a tracking number.)
- 7) I have returned merchandise to the merchant. A copy of my credit slip is enclosed.
- 8) I have returned (or attempted to return) merchandise to the merchant. I did not receive a credit slip because _____. I was/ was not (**circle one**) informed of the merchant's return policy, and their response to the return was _____.
- 9) I cancelled the transaction with the merchant on _____. I was/ was not (**circle one**) informed of the merchant's cancellation policy, I have contacted the merchant and the response to the cancellation was _____.
(Please include any contracts or correspondence to and from the merchant.)
- 10) I cancelled the hotel reservation on _____. My cancellation number is _____. (If no cancellation number was provided, please provide a telephone statement showing the cancellation call to the merchant.)

Please provide a detailed explanation of the above dispute.

Additional Disputed Transactions:		
Merchant Name _____	Amount _____	Date _____
Merchant Name _____	Amount _____	Date _____
Merchant Name _____	Amount _____	Date _____
Merchant Name _____	Amount _____	Date _____

Cardholder's Signature _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Cell / Daytime Phone: _____ **Member/Account Number** _____