

## ATM/Debit Card Transaction Dispute Form

Name:	ATM/DEBIT Card Number:	Account Number:
Phone Number:	Police Report Number (Please attach a copy if applicable)	

At the time of fraudulent transaction, my card was:     ATM Card         Debit Card

In my possession             Lost                     Stolen                     Never Received

Date card discovered loss/stolen \_\_\_\_\_

Name(s) of anyone who may have access to card and/or PIN:

### ATM DISPUTE

Date of ATM Error: \_\_\_\_\_ Amount of Error: \_\_\_\_\_

Time of Transaction: \_\_\_\_\_ ATM Location: \_\_\_\_\_

Incorrect amount or cash not dispensed. The amount on receipt is \$ \_\_\_\_\_ : however, \$ \_\_\_\_\_ was dispensed from the ATM. **(Please provide copy of receipt or location of ATM and time of withdrawal took place)**

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

I did not authorize an ATM withdrawal for \$ \_\_\_\_\_ that posted to my account on \_\_\_\_\_

ATM card was lost/stolen and an unauthorized withdrawal posted to my account for \$ \_\_\_\_\_ on \_\_\_\_\_

\*\*Please sign bottom of page 2\*\*

### DEBIT CARD DISPUTE

Please list disputed transaction(s) below:

Transaction Date(s)	Merchant Name(s)	Transaction Amount(s)

**\*\*If more space is needed, please attach a separate sheet of paper\*\* \*\*Complete dispute reason(s) on pg. 2\*\***

**Check appropriate dispute reason(s): (check only those that apply)**

- I did not have knowledge of the above transaction(s) nor did I allow anyone to use my debit card.  
**(Contact merchant directly for reimbursement 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: \_\_\_\_\_ Cancellation date: \_\_\_\_\_ Cancellation confirmation number: \_\_\_\_\_

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

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

- Merchandise received on \_\_\_\_\_ was returned to merchant on \_\_\_\_\_  
Reason for dispute: \_\_\_\_\_  
**(Provide signed proof of return or postal receipt)**

- Merchandise not received. Expected delivery date: \_\_\_\_\_ Date merchant contacted: \_\_\_\_\_  
Merchant response: \_\_\_\_\_

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

- 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.)**

- Incorrect amount. The amount on receipt is \$ \_\_\_\_\_ : however, \$ \_\_\_\_\_ posted to my account. **(Must provide copy of receipt)**

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

I am willing to take all reasonable action necessary to assist in the prosecution of the person(s) who committed this fraud. I am authorizing the release of this information, including my ATM/Debit card information, to any local, state or federal law enforcement agency for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_