

Debit Card / ATM Dispute Form

- Steps:**
1. **Notify the bank by phone.** If there is fraud, action should be taken immediately.
 2. **Fill out the information below.** Be sure to sign and date it.
 3. **Return form and any supporting documentation to the bank.** You may fax it to 432-267-1553 or drop it off at any bank location.

CARDHOLDER INFORMATION			
Cardholder Name	Date	Account Number	
Card Number	Card Type (check one) : <input type="checkbox"/> MasterCard Debit Card <input type="checkbox"/> ATM Card		
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Work Phone	
At the time of the transaction my card was: (check one)			
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Still in my possession <input type="checkbox"/> Never Received <input type="checkbox"/> Given to: _____			
When did you discover the error? Date: Time:		When was bank notified: Date: Time:	
CATEGORY: Check one category below that best describes your dispute for the transactions listed. Please note: Complete a separate form for each transaction if more than one category applies.			
<p><i>I've attempted in good faith to resolve this dispute with the merchant.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, include details below)</p> <p><input type="checkbox"/> Unauthorized ATM/POS/Visa Debit Card/Counterfeit Chip Transaction I didn't authorize or engage in the transaction. The card must be restricted.</p> <p><input type="checkbox"/> Cancelled Services/Merchandise/Reservation I cancelled the services/merchandise/reservation on _____ (date). However, the merchant continues to bill me. The cancellation number is: _____ . The card must be restricted.</p> <p><input type="checkbox"/> was doubled charged. I was charged \$ _____, on _____ (date) and again on _____ (date).</p> <p><input type="checkbox"/> Item Billed Incorrectly. I was charged _____, however, the correct charge should have been _____.</p> <p><input type="checkbox"/> Item Billed Monthly The item was billed monthly. I cancelled my services on (specific date required): _____. Correspondence with the merchant is enclosed. The card must be restricted.</p> <p><input type="checkbox"/> Credit Receipt Issued and Not Processed. I was issued a credit receipt that didn't post to my account. A copy of the credit receipt is attached</p> <p><input type="checkbox"/> Paid by Other Means. I paid for this transaction using cash, check or another bank card. A copy of my cash receipt, cancelled check or other bank card statement is attached.</p> <p><i>If one of the below categories is selected, you must include a detailed description of the merchandise or service you purchased in the space provided.</i></p> <p><input type="checkbox"/> was charged for merchandise or services that I did not receive. I was charged \$ _____, on _____ (date).</p> <p><input type="checkbox"/> Returned Merchandise. I returned merchandise to the merchant on _____ (date). A copy of the delivery carrier receipt is attached.</p> <p><input type="checkbox"/> Defective Merchandise/Not as Described. The merchandise arrived broken, defective or otherwise unsuitable OR the product or service received 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).</p>			

ATM Withdrawal Dispute

Amount Requested: \$ _____ Amount Received: \$ _____ Difference: \$ _____

Was your PIN written on the card or stored with the card? No Yes (if Yes, include details below):

Does anybody else know your PIN? No Yes (if Yes, include details below):

Have you ever given anybody permission to use the card? No Yes (if Yes, include details below):

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CARDHOLDER STATEMENT: Please give a description of the circumstances of your claim. Also include any detail requested above. Attach an additional sheet if more room is needed. Police Report Number (if one was filed): _____

DISPUTED TRANSACTIONS

Transaction Date	Merchant or ATM Location	Amount (\$)	Merchant Contact Date	Merchant Response

Total \$ Amount: _____

Check here if additional transactions are listed on an attached addendum. Total number of addendums attached _____.

CARDHOLDER SIGNATURE: Must be the name listed on the card

Cardholder Signature: _____ Date: _____

BANK USE ONLY

Date card was closed/cancelled: _____ Receiving Employee initials _____

Received in person phone fax email internet other (explain): _____