

## DEBIT CARD DISPUTE FORM

Please complete this dispute form for the debit card transaction that you want to dispute. If you have more than one transaction to dispute, please complete a separate form for each transaction. Once this form is returned to the Bank, we will begin to work on resolving the dispute. You may receive provisional credit for the disputed dollar amount. All disputes must be received within 60 days of you receiving the statement on which the transaction appears. If we receive the form later than 60 days there may be no recourse. If we need more time to investigate we may take up to 45 days.

### CARDHOLDER INFORMATION - Please complete this entire section

Date	Debit Card Number		
Cardholder Name	Account Number		
Street Address	City	State	Zip Code
Phone Number	Disputed Amount \$	Date Transaction Posted	
Merchant Name	Merchant Location		

At the time of the transaction my card was: (check one)

☐ Lost      ☐ Stolen      ☐ In my possession      ☐ Given To: \_\_\_\_\_

### TRANSACTION INFORMATION

**Is the disputed amount:**

- ☐ Less than \$50.  
☐ Equal to or greater than \$50.

**For Point of Sale Transaction Disputes**

I would like to dispute the above amount for the following reason:

- ☐ 1. I neither authorized nor participated in this transaction. It's a fraudulent transaction.  
☐ 2. The same transaction was posted twice to my account.  
☐ 3. The amount of the transaction is incorrect. My receipt is for \$ \_\_\_\_\_. (Please attach a copy of the receipt)  
☐ 4. The ☐ services ☐ merchandise (check one) were never received. **(In this case, please contact the merchant prior to completing this form)**

Merchant's Name: \_\_\_\_\_

When was the company contacted? \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (mm-dd-yy)

What were the results? \_\_\_\_\_

- ☐ 5. Merchandise was returned. (Please attach the return receipt or note the date the merchandise was returned: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ )  
☐ 6. The services were cancelled.

Cancellation number: \_\_\_\_\_ Date Cancelled: \_\_\_\_\_

Please explain the reason for cancellation: \_\_\_\_\_

Please provide more details in the section below.

**Details of Dispute.** For any reason you noted above, please briefly summarize the details of your dispute.

**For ATM Transaction Disputes** (Please attach the ATM receipt - it is required for all disputes):

- ☐ 1. I acknowledge participation in the ATM transaction, but I did not receive any funds.  
☐ 2. I acknowledge participation in the ATM transaction, but received only a portion of my funds.  
☐ 3. I acknowledge participation in the ATM transaction, but it posted twice.  
☐ 4. I never authorized this transaction.

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

### ROUND TOP STATE BANK USE ONLY

Receiving Employee Initials	Date Form Received	Date card was closed/cancelled
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