

# DEBIT CARD TRANSACTION DISPUTE FORM

Date Cardholder Notified Financial Institution: \_\_\_\_\_ Cardholder Reported Dispute: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Card Number: \_\_\_\_\_

Account(s): \_\_\_\_\_

Date Debit Card Discovered Lost/Stolen: \_\_\_\_\_

Name(s) of Anyone Who May Have Access to Card and/or PIN: \_\_\_\_\_

Disputing Multiple Transactions: \_\_\_\_\_

Yes No

Police Report Obtained for Stolen Card: \_\_\_\_\_

Yes No

Filed Date: \_\_\_\_\_ Report Number: \_\_\_\_\_

City Report Filed In: \_\_\_\_\_

I had possession of my debit card at the time the disputed transaction(s) took place.

Yes No

Transaction Amount(s)

Transaction Date(s)

Merchant Name(s)

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