

ATM 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 ATM Card Discovered Lost/Stolen: _____
Name(s) of Anyone Who May Have Access to Card and/or PIN: _____

Date of Error: _____ Amount of Error: _____
Time of Transaction: _____ ATM Location: _____

Police Report Obtained for Stolen Card: Yes No

Filed Date: _____ Police Report Number: _____
City Report Filed In: _____

Check appropriate dispute reason(s): (check all that apply)

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

Duplicate transaction posted to account for \$ _____ on _____.

Incorrect amount. The amount on receipt is \$ _____; however, \$ _____ was dispensed from ATM.
(Must provide copy of receipt (if applicable) or location of ATM and time of day withdrawal took place)

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

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

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

Where was the card stored?

Where was the PIN stored?

Disclosure Information: If we have provisionally credited your account, we have not been able to complete our investigation of the transaction in question within the time period provided by law (10 business days or 20 business days if the suspected error occurred during the first 30 days from account opening). Therefore, we have credited your account for the amount in question while reserving the right to reverse the credit should we determine that no error occurred. Furthermore, if we determine that no error has occurred you will be notified of the date and amount of any debit we make to reverse the provisional credit. We will honor checks, drafts or similar paper instruments payable to a third-party and preauthorized transfers from your account for five (5) business days after transmittal of such reversal notice. If we determine that an error has occurred, you will be notified that the provisional credit has been made final. In either event, we will complete our investigation within 45 days of your reporting the error to us. If this is a new account (less than 30 days old) or the transaction was initiated outside the United States of America, we will complete our investigation within 90 days. If we determine that an error did not occur or that an error different from that reported by you occurred, you have the right to request (in writing) copies of the documents upon which we relied in making our determination.

By signing below, I declare that I or any person acting in concert with me did not originate the posted transaction with fraudulent intent. I further agree to fully cooperate with the financial institution in any investigation it may conduct and agree that failure to cooperate authorizes the financial institution to debit my account(s) for any amount the financial institution has paid me based upon this affidavit. I attest the ATM Dispute form is true and understand that making a false statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.

Unauthorized or Fraudulent Use Disclaimer

This dispute form was completed for the purpose of establishing the fraudulent use of my ATM card. My ATM card was not given, sold or traded to anyone nor was anyone given permission to use the card. I did not receive any benefit from the unauthorized use of my ATM card. I did not use my ATM card nor authorize the use of my card by anyone after I discovered the unauthorized use of the card. The unauthorized transaction has been examined and confirmed that I did not originate nor authorize the transaction.

Cardholder Signature: _____ Date: _____