

Notification of ATM/PIN POS Disputed Transaction

Cardholder Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ (____) _____
Daytime Evening

Email: _____

Card Number: - - -

1. Transaction Information

Transaction Date	Merchant Name/ATM Location	Dollar Amount
____/____/____	_____	_____

Amount in Dispute: _____ Transaction Type ATM PIN POS (Point of Sale)

2. Dispute Reason/Elaboration

I am disputing the transaction(s) in question because of the following reason(s):

The transaction(s) listed are unauthorized.* No one authorized to use this account participated in the transaction(s).

At the time of the transaction(s), please indicate status of card (*Please check one*):

Card Lost Date card was Lost ____/____/____ Were Card & PIN together? Yes No

Card Stolen Date card was Stolen ____/____/____ Were Card & PIN together? Yes No

Card still in Accountholder's possession.

New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected? Yes No

The incorrect amount was dispensed from an ATM or PIN POS transaction did not process properly:

No funds or goods received

Portion of funds received - Total received: _____

ATM Deposit correction:

Deposit amount should be: _____

Cash Deposit Check Deposit

The same transaction appears more than once on the account.

Date of original transaction: ____/____/____

The transaction was paid for by another method.

Paid by Cash Debit/Credit Card Check Other

Is proof of payment available? Yes No

Cardholder Signature

Date

Multiple ATM/PIN POS Dispute Listing

Cardholder Name: _____

Card Number:

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2. Transaction Information

Transaction Date	Merchant Name/ATM Location	Dollar Amount
2. ____/____/____	_____	_____
3. ____/____/____	_____	_____
4. ____/____/____	_____	_____
5. ____/____/____	_____	_____
6. ____/____/____	_____	_____
7. ____/____/____	_____	_____
8. ____/____/____	_____	_____
9. ____/____/____	_____	_____
10. ____/____/____	_____	_____
11. ____/____/____	_____	_____
12. ____/____/____	_____	_____
13. ____/____/____	_____	_____
14. ____/____/____	_____	_____
15. ____/____/____	_____	_____
16. ____/____/____	_____	_____

Cardholder Signature

Date