

Transaction Dispute Form

Please complete all sections of the Transaction Dispute Form (as applicable).

If you have not done so already, you may also call us (see the back of your card OR the 'Contact Us' section on our website for our Customer Support phone number) during business hours to file your dispute directly with us. (This form may still be requested by your customer service representative.)

Please provide all relevant information about your dispute, including all information you may have previously provided to a customer service representative, if applicable.

Please note, you must wait for a pending transaction to post before a dispute can be filed.

Card Details

Card Number

(Last 4 numbers on the front of your card)

Case Number

(A customer service representative may have verbally provided this to you when you filed your dispute. If you did not call, please write "N/A" in this section.)

Disputed Transactions

Please list all transactions you wish to dispute. If you need to list additional transactions, please include an additional page.

Date	Merchant name	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Reason for Dispute

Please check the box(es) most appropriate and attach any corresponding documentation (if applicable).

I authorized and participated in the transaction(s) provided but have the following issue:

- | | |
|--|---|
| <input type="radio"/> Duplicate transaction | <input type="radio"/> Credit not received |
| <input type="radio"/> Processed for the incorrect amount | Expected refund amount \$ _____ |
| Amount expected to pay \$ _____ | Expected refund date _____ |
| Amount charged \$ _____ | <input type="radio"/> I have not received the goods or services I paid for. |
| <input type="radio"/> Paid by other means | They were expected on: |
| By what other means did you pay? | Date _____ |
| (e.g. in cash, 1/2 on another card, etc.) | <input type="radio"/> I attempted to withdraw cash from an ATM: |
| _____ | Amount requested \$ _____ |
| <input type="radio"/> I have contacted the Merchant to try to resolve this matter. My last contact was on: | Amount received \$ _____ |
| Date _____ | |

NOTE: Please include copies of any of the following: proof of credit/refund receipt, email, letter, sales receipt ATM receipt, proof that the goods were returned, services were cancelled, or an attempt was made in addition to any details of the merchant's response (as applicable).

I have not authorized nor participated in the transaction(s) listed above and:

Please note that if the above transactions are identified as fraudulent, and your card/account has not yet been secured, it may require the cancellation of your card and issuance of a new one.

- | | |
|--|--|
| <input type="radio"/> I have never done business with this merchant. | <input type="radio"/> I have done business with this merchant in the past, but I did not authorize the above transaction(s). |
|--|--|

For transactions reported as not authorized, please confirm the following:

☐ **I have my Card in Possession**

Where do you keep a record of your PIN?
(memorized, written down, all details are helpful.) _____

Has your PIN been shared with anyone else?
(including family members)

☐ Yes

☐ No

Has your account login information been shared
with anyone else?

☐ Yes

☐ No

If Yes, please provide details _____

☐ **My Card was Lost/Stolen**

Date and time loss/theft occurred:

Date _____ Time _____

Was your PIN lost/stolen as well?
If Yes, please provide any details below

☐ Yes

☐ No

Describe how and when you became aware of loss or theft

(please provide as many details as possible, e.g., scenario which loss or theft occurred etc., details will assist us in the investigation process).

Police Report Details (if applicable)

What date and time did you report to the police?

Date _____ Time _____

Police report number _____

Police officer's name _____

Contact number _____

Station/Location _____

Additional Information

Please provide any additional information that may be helpful in assisting with your dispute. _____

Signature

I certify that my statements in this dispute form are true, complete, and correct to the best of my knowledge and belief. I understand that all statements made regarding this dispute may be investigated.

Signature

Printed Name

Date

Please return this completed form and any supporting documents to: Attention: Disputes, PO Box 9 West Chester, OH 45071

