

Debit Card Dispute Questions

Yes No Have you ever done business with this company?

If Yes, When _____

Yes No Did you sign up for a free trial that required cancelation to prevent further charges?

If Yes, When _____

Yes No Could someone in your household have used your card to do this without your knowledge?

If Yes, Did you discuss this transaction with this individual? Yes No

Yes No Have you ever given anyone permission before to use your debit card number?

If Yes, Whom? _____

Yes No Is it possible they still had your number and used it for this purchase?

Yes No Have you ever lost or misplaced your card?

If yes, When _____

Yes No Have you attempted to resolve this directly with the merchant?

If yes, what were you told?

For Financial Institution Only:		
Initials:	Branch:	Date:

Debit Card Dispute Request

Card Number:		
Cardholder Name:		
Cardholder Address:		Employee Initials: Location:
Disputed Transaction		
Date:	Dollar Amount :	Merchant Name:
I have attempted in good faith to resolve this dispute with the merchant. <input type="checkbox"/> Yes (If yes, include the details below.) <input type="checkbox"/> No		
At the time of the transaction the card was: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> In my possession		
Check one category below that best describes your dispute.		
	Category	Description
<input type="checkbox"/>	Unauthorized 4837	I did not authorize this transaction.
<input type="checkbox"/>	Double billing 4834	I was billed twice for the same transaction. The correct transaction posted to my account on _____(date). I had possession of my card(s).
<input type="checkbox"/>	Merchandise or service not received 4859 RS1	I did not receive the merchandise or service I expected to receive on _____(date). Detailed description of merchandise/services purchased: _____
<input type="checkbox"/>	Credit not received 4860	I was issued a credit receipt that did not post to my account. A copy of the credit receipt is enclosed with this form. (MUST WAIT 30 DAYS TO DISPUTE)
<input type="checkbox"/>	Paid by other means 4859 RS2	I paid for this transaction using cash, check, or other bank card. Enclosed is a copy of my cash receipt, cancelled check, or other bank card statement.
<input type="checkbox"/>	Incorrect amount 4831	I was billed \$_____, but the correct amount is \$_____. Enclosed is evidence of the correct amount.
<input type="checkbox"/>	Returned merchandise 4860	I returned the merchandise to the merchant on _____(date). Enclosed is a copy of the delivery carrier receipt and/ or bank card credit receipt.
<input type="checkbox"/>	Defective merchandise 4853	The merchandise arrived broken, defective, or otherwise unsuitable. I attempted to return the merchandise on _____(date). My explanation of the defect is enclosed.
<input type="checkbox"/>	Not as described 4853	The product or service I received was not as described by the merchant. I attempted to return the merchandise on _____(date). Enclosed is the merchant's advertisement and a letter explaining what I expected to receive.
<input type="checkbox"/>	Cancelled services/ merchandise/ reservation	I cancelled the service/merchandise/reservation on _____(date), however the merchant continues to bill me. The reservation cancellation number is: _____
<input type="checkbox"/>	Non-recognition 4863	I do not recognize this transaction.
<input type="checkbox"/>	Other—Categories above do not describe situation.	Enclosed is a detailed letter that describes my situation.

Cardholder Signature and CURRENT Phone Number

Date