



ATM/DEBIT CARD DISPUTE FORM

Cardholder Services
 P.O. Box 5017
 Sioux Falls, SD 57117-5017
 P: 877.226.2928
 F: 605.988.3346

Complete this form to report (a) the unauthorized use of your ATM/debit card, (b) a point-of-sale (POS) transaction error or dispute, or (c) an incorrect disbursement of cash by an ATM. **We must hear from you no later than 60 days after we sent the FIRST statement on which the transaction appeared.**

Refer to your Cardholder Agreement for more about your rights, responsibilities and liability with regard to your card and to your Account Agreement for how to report a dispute concerning an unauthorized automated clearing house (ACH) electronic fund transfer.

PART 1: CARDHOLDER INFORMATION			
First Name:	MI:	Last Name:	
Mailing Address:			
City:		State:	Zip:
Home Phone:	Mobile Phone:	Work Phone:	
Card Number:	Account Number: (if applicable)		
Card Type (check one): <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> Standard ATM Card			
At the time of the transaction(s) my card was (check one): <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Still in my possession <input type="checkbox"/> Never received			
On what date did you notice your card was missing or had been compromised? (if applicable) (mm/dd/yyyy):			
If lost or stolen, were the card and PIN kept together? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has anyone other than the cardholder had access to the card and/or PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide name(s) and relationship to you: _____			
Have you ever authorized that person to use your card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When did you last use the card?			
Where did you last use the card? Provide name and location of merchant or ATM operator:			
Amount of the last authorized transaction:			
If applicable, I attempted in good faith to resolve this dispute/error with the merchant. <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, provide details in Part 4)			

(Continue to Part 2 on next page)

PART 2: DISPUTED ATM/DEBIT CARD TRANSACTION (use an additional page if needed)

	Transaction Date (mm/dd/yyyy)	Transaction Amount	Merchant Name and Location (as it appears on your receipt or account statement)
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
	Total Amount of Claim:	\$	<input type="checkbox"/> Check here if disputed transactions appear on an additional page.

PART 3: DISPUTE REASON: Check ONE reason that best describes your dispute concerning the transaction(s) listed in Part 2. NOTE: Attach copies of Part 3 if you are disputing multiple transactions and/or a different dispute reason applies to one or more of them.

Unauthorized ATM/Point-of-Sale (POS)/Visa Debit Card Transaction. I did not authorize this transaction.

Incorrect Transaction Amount. The amount I authorized differs from the amount that appears on my statement.
The amount increased/decreased from \$_____ to \$_____ (attach a copy of the receipt)

Double or Multiple Charges. My account was charged twice for the same transaction.
The transaction I authorized took place on _____ (posting date).

Cancelled Transaction. I notified the merchant of cancellation on _____ (date).
I received the following confirmation number when I cancelled the transaction: _____ (if applicable).

Paid by Other Means. The transaction was paid using cash, check or another payment card or device. A copy of my cash receipt, cancelled check, or bank statement is attached.

<input type="checkbox"/> ATM Cash Withdrawal Dispute Amount Requested: \$ _____ Amount Received: \$ _____ (supply copy of receipt, if available)	<input type="checkbox"/> ATM Deposit Dispute Amount Deposited: \$ _____ Amount Credited: \$ _____ (supply copy of receipt, if available)
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Other. Above descriptions do not apply. Please describe the situation and provide any information that would be helpful in the dispute investigation.

(Continue to Part 4 on next page)

PART 4: CARDHOLDER STATEMENT: Please provide a brief description of the circumstances of your dispute. Attach an additional page if needed.

Optional — Police Report Number (if one was filed):

Optional — Police District/Officer Name (if available):

PART 5: CARDHOLDER CHECKLIST

- Did you attach supporting documents, if available? If you do not have supporting documents available now, submit the documents as soon as possible. Please ensure copies of any documents sent to us are legible.
- Did you make a copy of this form for your records?

PART 6: CARDHOLDER SIGNATURE: Must be the name appearing on the card.

I have fully and accurately reported to The Bancorp Bank all of the information, knowledge and/or facts concerning the ATM and/or point of-sale (POS) transaction(s) described above. The transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and I did not receive any benefit from the transaction(s).

Signature of Cardholder:

Print Name:

Date:

Please **mail or fax** this completed, signed form and any additional information requested above to:

cfb Banking Services
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