

Debit Cardholder Dispute

Complete this form if you are disputing a Debit Card transaction appearing on your statement, including transactions that are a result of fraud.

You must submit this form to us within 60 days of when the transaction(s) first appeared on your statement.

Select the appropriate type of dispute from the listing on the following page.

EACH PAGE OF FORM MUST BE CAREFULLY COMPLETED AND SIGNED

Contact Information:

Name: _____
 Card Number (16 digits): _____
 Card Number _____ Phone Number _____

Status of ATM/Debit Card:

- My Card is:
- In my possession
 - Lost
 - Stolen
 - Never Received
 - Other _____

Disputed Transactions:

Transaction Date	Transaction Amount	Disputed Amount	Merchant Name
____/____/____	\$ _____	\$ _____	_____
____/____/____	\$ _____	\$ _____	_____
____/____/____	\$ _____	\$ _____	_____
____/____/____	\$ _____	\$ _____	_____
____/____/____	\$ _____	\$ _____	_____
____/____/____	\$ _____	\$ _____	_____
____/____/____	\$ _____	\$ _____	_____

Important: Sign and date each page of this form.

Cardholder Signature _____ **Date:** _____

Branch/Call Center Initials: _____ Date: _____

Support Services Initials: _____ Date: _____

DEBIT CARDHOLDER DISPUTE FORM (Page 2)

Type of Dispute:

- Unauthorized Debit Transaction.** The charge listed was not made by me or a person authorized by me to use my card. In addition, neither I nor anyone authorized by me received the goods or services represented by this charge.
- I do not recognize**
- Duplicate Transaction.** The transaction was posted two or more times to the account. Only one charge was authorized. I contacted the merchant on ___/___/___ and the merchant's response was _____. My card is still in my possession
- I was overcharged for the purchase.** Please attach a copy of the original transaction receipt and any credit transaction receipt.
- Cancellation.** I cancelled the subscription/membership/policy/reservation (circle one) which was charged to my account by the above referenced merchant on ___/___/___. I was/was not (circle one) informed of the cancellation policy when I authorized the charge. The reason I cancelled was: _____. The cancellation number is _____. (If you do not have a cancellation number, please provide a copy of the letter, email, fax requesting cancellation or a copy of your phone bill showing the date and time of the cancellation call.)
- I did not receive the merchandise.** I have not received the merchandise that was expected to be delivered or picked up on ___/___/___. I contacted the merchant on ___/___/___ and the merchant's response was _____
- Merchandise was Returned.** I returned/attempted to return the merchandise on ___/___/___ because _____. I contacted the merchant on ___/___/___ and the merchant's response was _____. Please attach proof of return or credit slip.
- Credit did not post to my account.** I was issued a credit slip for \$_____ on ___/___/___ which did not appear on my statement. Please attach a copy of the original transaction receipt and any credit transaction receipt.
- Paid by other means.** I paid for this purchase another way but it still posted to my account. I contacted the merchant on ___/___/___ and the merchant response was _____. Please provide a copy of cash receipt, or the front and back of your cancelled check or copy of your statement if another credit card was used.
(Proof of paid by other means is required and must be sent with this dispute form in order for us to assist)
- Credit posted as a sale.** The attached credit slip was listed as a charge on my statement. Please attach a copy of the original transaction receipt and any credit transaction receipt.
- Other.** Please describe reason for dispute and include what attempts have been made to contact the merchant and resolve. _____

Cardholder Signature _____

Date: _____

Additional Page (if necessary)

Please Fax this form along with Supporting documentation to 513.900.3543 or
Mail to: Dispute Department 8500 Governors Hill Drive, MD 1GH2Y1, Symmes Township, OH 47802-9963.
For questions regarding this form please call 800.808.6402, M-F, 8am-8pm ET Page 2 of 3

