



# Debit Card Dispute Form

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Gurnee, IL 60031  
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MEMBER NUMBER   
Total Amount \$

If you wish to dispute a debit card charge that has posted to your account either from a merchant or an ATM transaction, please read, complete and sign this form using black or blue ink. Return this form to us within 10 business days. All disputes must be received within 60 days of you receiving the periodic statement on which the transaction appears. If we receive the form later than 60 days there may be no recourse. If we need more time to investigate we may take up to 45 days.

### CARDHOLDER INFORMATION

Cardholder Name		Home/Cell Phone	Work Phone
Street Address	City	State	Zip Code
Card Number			

At the time of the transaction my card was: (check one)

Lost       Stolen       Still in my possession       Never Received       Given to: \_\_\_\_\_

I've attempted in good faith to resolve this dispute with the merchant.  No  Yes (if Yes, include details below)

### CATEGORY: Check one category below that best describes your dispute for the transactions listed. Please note: Complete a separate form for each transaction if more than one category applies.

<input type="checkbox"/> <b>Item Billed Monthly</b> The item was billed monthly. I cancelled my services on (specific date required): _____. Correspondence with the merchant is enclosed.  Is this a trial offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Cancelled Services/Merchandise/Reservation</b> I cancelled the services/merchandise/reservation on _____(date). However, the merchant continues to bill me. The reservation cancellation number is: _____.
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*If one of the below categories is selected, you must include a detailed description of the merchandise or service you purchased in the space provided.*

<input type="checkbox"/> <b>Returned Merchandise</b> I returned merchandise to the merchant on _____(date). A copy of the delivery carrier receipt is enclosed.	<input type="checkbox"/> <b>Paid by Other Means</b> I paid for this transaction using cash, check or another bank card. A copy of my cash receipt, cancelled check or other bank card statement is enclosed.
<input type="checkbox"/> <b>Debit Card Account Billed Twice</b> I was incorrectly charged \$_____ on _____(date). The correct transaction for \$_____ posted on _____(date).	<input type="checkbox"/> <b>Incorrect Amount</b> I was billed \$_____, but the correct amount is \$_____. Evidence of the correct amount is enclosed.
<input type="checkbox"/> <b>Credit Receipt Issued and Not Processed</b> I was issued a credit receipt that didn't post to my account. A copy of the credit receipt is enclosed with this form.	A <b>detailed</b> description of the merchandise or services purchased, i.e. model number, size, color, type of service : _____ _____ _____
<input type="checkbox"/> <b>Defective Merchandise/Not as Described</b> The merchandise arrived broken, defective or otherwise unsuitable OR the product or service received was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to receive are enclosed. I returned or attempted to return the merchandise on _____(date).	
<input type="checkbox"/> <b>Merchandise or Service Not Received</b> I didn't receive the merchandise or services I expected to receive on _____(date).	

**CARDHOLDER STATEMENT:** Please give a brief description of the circumstances of your claim. Space is available below and at the top of page 2. Attach an additional sheet if more room is needed.

**DISPUTED TRANSACTIONS**

Transaction Date	Merchant or ATM Location	Amount (\$)	Merchant Contact Date	Merchant Response

Total Amount: \$ \_\_\_\_\_

**CARDHOLDER SIGNATURE: Must be the name listed on the card**

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_