



40 E Market Street

Wilkes-Barre, PA 18711

tel: 570.826.8244 / fax: 570.826.4590

Debit Card Dispute Form

Name: _____ Account Number: _____

Card Number (16 digits): 5517 16

Address: _____

Street City State Zip: _____

Phone: _____ email: _____

Select Type of Dispute (Check ONLY one)

- I did not authorize this charge – I certify that I did not authorize or participate in this transaction with the above mentioned merchant/ATM, nor did I authorize anyone else to use my card.

*** Please list each transaction on page 2.**

- Card in possession Card not in possession Date card missing: _____
 Lost
 Stolen

- I was billed twice by the same merchant - Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession.

Valid Transaction: \$ _____ Post Date: _____

Invalid Transaction: \$ _____ Post Date: _____

- I returned the merchandise but no credit was given – You must attempt to return the merchandise prior to exercising this right.

Date merchandise returned: _____

- I did not receive the merchandise – Please contact the merchant and notify us of the outcome.

- Service Dispute (goods and services not received as requested) – Please describe the nature of your dispute and your attempts at resolution in the ADDITIONAL COMMENTS box on page 2.

- ATM – No cash – Cash was not dispensed from the ATM machine.

- ATM – Partial cash not received – Cash was dispensed from ATM machine but not in the full amount requested.

Amount requested: _____ Amount received: _____

- Other – Please enclose a DETAILED description in the ADDITIONAL COMMENTS box on page 2.

List of Transactions in Dispute:

Date	Merchant Name	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional comments:

Please describe the nature of your dispute:

I certify that the charge(s) above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify under penalty of perjury that the foregoing is true and correct.

Cardholder Signature: _____ Date: _____