



Mars Bank

Secure Contact Us Form - Unrecognized Transactions

First Name:

Last Name:

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 submit this form. You may receive a provisional credit for the disputed dollar amount. 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.

CARDHOLDER INFORMATION

Cardholder Name:

Date:

Account Number:

Card Number: (If known)

Card Type: (Choose one):

☐ Debit Card

☐ ATM Card

Address Line 1

Address Line 2

City

State

ZIP Code

Home Phone:

Cell Phone:

Email:

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

Lost

Stolen

Still in my possession

Never Received

Given to: (please specify below)

☐☐☐☐☐

If "Given to" option was selected about, please specify.

I've attempted in good faith to resolve this dispute with the merchant. (required)

☐ No

☐ Yes (If yes, include details below)

If yes, please provide details:

CATEGORY: Check one category below that best describes your dispute for the transactions listed.

	<input type="radio"/> Unauthorized ATM/POS/Visa Debit Card/Counterfeit Chip Transaction I didn't authorize or engage in the transaction. <input type="radio"/> Cancelled Services/Merchandise/Reservation. I cancelled the services/merchandise/reservation on (date). However, the merchant continues to bill me. The reservation cancellation number is _____. (If this option is selected please answer questions below in section 1a.) <input type="radio"/> ATM Withdrawal Dispute (If this option is selected, please answer questions in section 1b.) Amount Requested, Amount Received, Difference.
Section 1a (required)	Date the services/merchandise/reservation was cancelled. The reservation cancellation number is:
Section 1b (required)	 <div style="display: flex; justify-content: space-around;"> <div>Amount Requested: \$</div> <div>Amount Received: \$</div> <div>Difference: \$</div> </div>
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="radio"/> **Returned Merchandise (I returned to the merchant on ____[date]. A copy of the deliver carrier receipt is enclosed.)
If option above was chosen, please fill in date and any other supporting information needed.	
	<input type="radio"/> Debit Card Account Billed Twice (I was incorrectly charged \$_____ on _____[date]. The correct transaction for \$_____ posted on _____[date]) Please answer below.
If option above was chosen, please provide dollar amounts, dates, and any other supporting information needed.	
	<input type="radio"/> **Defective Merchandise/Not as Described (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 received have been emailed to address provided in "Cardholder Checklist" section. I returned or attempted to return the merchandise on ____[date]) Please answer below.
If option above was chosen, please provide date and any other supporting information needed.	
	<input type="radio"/> **Paid by Other Means (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 has been emailed to address provided in "Cardholder Checklist" section.)
	<input type="radio"/> **Incorrect Amount (I was billed \$_____, but the correct amount is \$_____. Evidence of the correct amount has been emailed to the address provided in "Cardholder Checklist" section.) Please answer below.
If option above was chosen, please provide amounts and any other supporting information needed.	

	<input type="radio"/> Merchandise or Service Not Received (I didn't receive the merchandise or services I expected to receive on ____[date]. A detailed description of the merchandise or services purchased is listed below.)			
If option above was chosen, please provide date and detailed description including model number, size, color, type of service and any other supporting information needed.				
CARDHOLDER STATEMENT: Please give a brief description of the circumstances of your claim. Space is available below. Email additional information to email provided in "Cardholder Checklist" section. Provide a Police Report Number if one was filed.				
Provide Cardholder Statement here. (required)				
UNRECOGNIZED TRANSACTIONS				
Transaction Date	Merchant or ATM Location	Amount (\$)	Merchant Contact Date	Merchant Response
Total \$ Amount:				
If additional transactions are listed on an attached addendum. List total number of addendums attached.				
CARDHOLDER CHECKLIST				
	<input type="radio"/> Did you e-mail supporting documentation, if applicable? If you do not have the required documentation at this time, email it as soon as possible.			

The supported/required documentation can be emailed to ATMGROUP@marsbank.com , can be dropped of at any of our banking center locations or mailed to the following address:

*Mars Bank
Attn: ATM Department
145 Grand Ave
PO Box 927
Mars, PA 16046*

You can be expected to be contacted within 24 business hours. It is imperative that you provide all documents and information requested by the Bank in order for the process to be completed. **For questions, please call (724) 625-1555 x226.**