Unauthorized Debit Card Activity Form

First Name: Last Name:

Submitted on:

First Name:	Last Name:	Best Contact Number:

Activity Details: (required)	Account Number:	Debit Card Number:

Transaction Date:	Amount of Debit:	Payee (Party Debiting the Account)

By submitting this claim, I understand my debit card will be closed immediately to limit access to any further unauthorized activity. A new card will be ordered and received in 10-12 business days.

(required)	◯ I agree with the above statement
Why is this transaction being disputed? (required) *(Select the appropriate error)*	◯ Unauthorized Transaction. The party listed above was not given permission to debit the account. ◯ Cancelled Recurring Transaction. ◯ Defective Merchandise/Not as Described. ◯ Merchandise Never Received. ◯ Transaction Amount Differs.
At the time of the transaction, my debit card was: (required)	◯ Lost ◯ Stolen ◯ In my possession
Did anyone else have authorized access to your card? (required)	◯ Yes ◯ No
Have you always had possession of your card? (required)	◯ Yes ◯ No
Do you keep your card and PIN in a safe location? (required)	◯ Yes ◯ No
What was the date you first noticed the unauthorized activity?	

Who do you believe could have made these transactions? *Describe what happened in your own words.*	
Is the dispute being made because merchandise has been returned? (required)	◯ Yes ◯ No
If yes, attach copy of evidence of the return.	Please submit this information as an additional attachment.
Was a police report filed? (required)	◯ Yes ◯ No
If a police report was filed: (required)	**On what date was it filed:** _____ **Police Report Number:** _____

I attest that the above is true and correct and that further investigation may occur throughout the process.

(required)	◯ I agree to the above statement