

Unauthorized Debit Card Activity Form

First Name:		Last Name:	
Submitted on:			
First Name:		Last Name:	
Best Contact Number:			
Activity Details: (required)		Debit Card Number:	
Account Number:		Debit Card Number:	
Transaction Date:		Amount of Debit:	
Payee (Party Debiting the Account)			
<i>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.</i>			
(required)	<input type="radio"/> I agree with the above statement		
Why is this transaction being disputed? (required) (Select the appropriate error)	<input type="radio"/> Unauthorized Transaction. The party listed above was not given permission to debit the account. <input type="radio"/> Cancelled Recurring Transaction. <input type="radio"/> Defective Merchandise/Not as Described. <input type="radio"/> Merchandise Never Received. <input type="radio"/> Transaction Amount Differs.		
At the time of the transaction, my debit card was: (required)	<input type="radio"/> Lost <input type="radio"/> Stolen <input type="radio"/> In my possession		
Did anyone else have authorized access to your card? (required)	<input type="radio"/> Yes <input type="radio"/> No		
Have you always had possession of your card? (required)	<input type="radio"/> Yes <input type="radio"/> No		
Do you keep your card and PIN in a safe location? (required)	<input type="radio"/> Yes <input type="radio"/> No		
What was the date you first noticed the unauthorized activity?			

Who do you believe could have made these transactions? <i>Describe what happened in your own words.</i>	
Is the dispute being made because merchandise has been returned? (required)	<input type="radio"/> Yes <input type="radio"/> No
If yes, attach copy of evidence of the return.	Please submit this information as an additional attachment.
Was a police report filed? (required)	<input type="radio"/> Yes <input type="radio"/> No
If a police report was filed: (required)	<div>On what date was it filed:<div>Police Report Number:</div></div> <div></div>
I attest that the above is true and correct and that further investigation may occur throughout the process.	
(required)	<input type="radio"/> I agree to the above statement