



Debit Card Dispute Form

Name:		Transaction Date:	
Address:		Home Phone:	
City/St/Zip:		Cell Phone:	
Card Type:	Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/>	DDA Account Number:	
Card Number:			

INSTRUCTIONS

\*\*\*\*\* All claimants must sign Part 1 and initial each additional page \*\*\*\*\*

- You did not originally participate in transactions(s) or lost/stolen; Complete Part 2 & Part 4
- For ATM withdrawals (not lost/stolen); Complete Part 2(a) and Part 4
- You did originally participate; Complete Part 3 & Part 4

Part 1 Unauthorized Use

I, the undersigned claimant declare, as appropriate that:

I did not use, nor authorize anyone else to use, the ATM or Debit card issued to me by Kentucky Farmers Bank when said card was used to withdraw funds from my checking account at the Bank; or

I did not receive any value or benefit from proceeds of the card transaction(s) and no proceeds were applied to any use or purpose on my behalf; or

I have not arranged with the person(s) who misused the card to be reimbursed for proceeds of the card.

Furthermore, I have made available all knowledge, ideas, or suspicions, if any, of the identity of the person who wrongfully used my card and will make available any such knowledge gained in the future and agree to assist and cooperate fully, without limitation, with any investigation pertaining to this matter, whether by federal, state, local, or bank investigators, including testifying before a grand jury or in a court of law against the party responsible for the improper or unauthorized use of the ATM or Debit card.

I hereby certify by signing below that the above information is true and correct.

Claimant's Signature: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

A FALSE DECLARATION TO A FEDERALLY INSURED FINANCIAL INSTITUTION MAY BE A VIOLATION OF FEDERAL AND/OR STATE LAW.



**Part 2 Customer Did Not Participate in Transaction(s) or Lost/Stolen**

<b>Part 2</b>	<i>Description</i>
Please give a brief description of the circumstances of claim and conversation between merchant and cardholder. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
1. Is card still in customer's possession? <input type="radio"/> Yes <input type="radio"/> No	1b. If No, when was the card discovered missing? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2. Has customer ever allowed anyone to use the card? <input type="radio"/> Yes <input type="radio"/> No	2b. If Yes, who? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3. Where was the last location the card was used by you? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
4. Was the PIN / Secret Code number with the card? <input type="radio"/> Yes <input type="radio"/> No	
5. Who else had knowledge of the PIN / Secret Code number? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
6. Was a police report filed? <input type="radio"/> Yes <input type="radio"/> No	Case #: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> Police Department: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> Officer Contact Name: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>

**Part 2(A) ATM Withdrawal Dispute**

Which situation best describes your dispute?

I have no knowledge of the ATM withdrawal(s) listed below.

I attempted a withdrawal; however, did not receive money from the machine.

Other. Please explain below.

Claimant's Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify by initialing here that the below information is true and correct. \_\_\_\_\_



### Part 3 Dispute with Merchant - Customer Originally Participated in Transaction(s)

Please check the **ONE** category that best describes your dispute.

**Any requested documentation is required to process your claim (i.e. receipts, proof of return, etc.)**

Have you attempted to resolve your dispute with the merchant?  Yes  No

Specific date of last contact:

Specify one:  in writing  by phone  by e-mail **Attach copy of correspondence**

Who did you speak to?

What was said?

The purchase was paid by check, cash, or other means but was still charged to my card.  
**Attach a copy of (a) the cash receipt, or (b) the front and back of canceled check, or (c) the copy of the other receipt.**

The amount I authorized differs from the amount that appears on my statement.  
**Attach a copy of sales slip or invoice.**

I have received a credit slip from the merchant, however, credit has not appeared on my statement.  
**Attach a copy of the credit slip.** No action can be taken for 30 days.

I did authorize the purchase, however:

I have not received the merchandise. Expected receipt date:

I have not received expected services. **Attach a letter of explanation.**

The merchandise received was defective and returned on  **Attach proof of return.**

The merchandise was returned on  **Attach proof of return.**

I attempted to cancel purchase on  **Attach copies of correspondence with merchant.**

The purchase was a canceled hotel reservation. My cancellation number is:

The above item was billed monthly. I canceled my service on (Specific Date required)  **Attach correspondence**

Claimant's Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify by initialing here that the below information is true and correct. \_\_\_\_\_



**Part 4 LIST SUSPECTED TRANSACTIONS SEPERATELY BELOW:**

Date	Merchant	Amount (\$)	Date	Merchant	Amount (\$)

**Total:** \_\_\_\_\_

**CUSTOMER CHECKLIST:**

- Did you sign the first page and initial each additional page?
- Did you attach supporting documentation, if required?
- Did you make a copy for your records?

Fax this dispute form and any additional supporting documentation to 1-606-929-5195. If you do not have access to a fax machine, you may visit your local Branch and a Kentucky Farmers Bank associate will fax these documents for you. If U.S. Mail is your only method of communication, please mail the Dispute Form to: 6313 US Route 60 Ashland, KY 41102. You should expect resolution or provisional credit in accordance with the provisions and disclosures set forth in your card agreement. For questions concerning your claim, please call 1-606-929-5000.

Claimant's Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify by initialing here that the below information is true and correct. \_\_\_\_\_

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Internal Use Only

CSR \_\_\_\_\_ Date Received \_\_\_\_\_