

Customer Statement of Disputed Transaction

Please complete *either* section 1 or section 2 below. Use a separate form or additional pages to document each dispute.
Mail to: Cardholder Services, P.O. Box 5017, Sioux Falls, SD 57117-5017. Or fax to: 605-988-3346
If you have any questions, please call 1-800-317-8847.

Your Name: _____ Account #: _____ Amount: \$ _____
Transaction Date: _____ Post Date: _____ Reference Number: _____
Transaction Description: *(as appears on your statement)*

1. I certify that the charge(s) listed above was (were) not made by me nor a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.

My card was (please select one)

IN MY POSSESSION

LOST

STOLEN

Do you know who made these transactions? YES NO

If YES, who do you think made or authorized these transactions? _____

What is your relationship to this person? _____

Please list other items that were lost or stolen (if any): _____

When was the last time you used your card?

Date: _____

Time: _____

Merchant Name or ATM Location: _____

Amount: \$ _____

Where do you normally store your card? _____

Where do you normally store your pin number? _____

Have you given permission to anyone to use your card? (Select one)

NO

YES (If Yes, complete the following)

Name: _____

Relationship: _____

2. Although I did engage in the above transaction (complete **ONE** of the following statements and provide as much detail as possible to support your statement):

a. I requested \$ _____ from the ATM however I received \$ _____. I am disputing the amount of \$ _____ as this amount was not received.

b. The dollar amount of the sale was increased from \$ _____ to \$ _____.
I am enclosing a copy of my debit card sales receipt, which reflects the correct dollar amount.

c. I dispute the entire charge or a portion of it in the amount of \$ _____. I have contacted the merchant and a credit has been applied to my account. (Please provide details of the circumstances surrounding this transaction and your calculations used to derive the correct amount, if amount is less than the total billed to your account.)

d. I have never received the merchandise. I expected to receive it during the week of _____ (date.) I have since contacted the merchant and asked that a credit be applied to my account.

e. All or part of the shipped or delivered merchandise was defective or damaged when received. I returned the merchandise on _____ (date), but have not received a credit for the amount of \$ _____. I am

enclosing a detailed statement describing the defects of the merchandise and am enclosing a copy of my proof of return list of the merchandise received, the items returned, and the cost of each item.

f. The above transaction is a duplication of an authorized transaction that took place on _____ (posting date.) The reference number of the authorized transaction as shown on my card statement is: _____.

g. I am enclosing a detailed explanation of the reason(s) the merchant was not able or willing to provide the requested merchandise/services. I am also providing details of my attempts to resolve this matter with the merchant, including date(s) and the merchant's response(s).

- 3. I received a credit slip, but it was applied to my account as a charge. I am enclosing a copy of this credit slip.
- 4. I received a credit slip, but it has not yet been applied to my account. I am enclosing a copy of this credit slip.
- 5. I guaranteed a hotel reservation for late arrival and subsequently cancelled it on _____ (date) at _____ (AM/PM.) I was given the following cancellation number: _____
- 6. Other reason:

Cardholder Signature: _____ Date: _____
Contact number: _____ (During the hours of 8am-5pm CST)