



MAIN OFFICE  
3 S. 555 Winfield Road  
Warrenville, IL 60555  
800.983.6828

**CARDHOLDER DISPUTE FORM**  
For FRAUDULENT transactions

Cardholder Account Number (Debit Card Number): \_\_\_\_\_

Amount of disputed transaction: \$ \_\_\_\_\_

Merchant Name: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

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**Please choose one of the following reasons why you are disputing the transaction.  
Please note that the more information you provide  
the better chance we have for successful recovery of funds.**

**Did not authorize charge** – *“I certify that I did not authorize or participate in this fraudulent transaction with the above mentioned merchant; however the card was in my possession.”*

**Lost** – *“At the time of the transaction, the card was LOST.”*  
Please provide the date you reported the card lost: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Stolen** – *“At the time of the transaction, the card was STOLEN.”*  
Please provide the date you first noticed the card missing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please provide the date you reported the card stolen: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Relevant Details (if any):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_