

# EFT — ERROR RESOLUTION REQUEST



In the "Details" section, multiple boxes can and should be checked.

Today's Date: _____		Cardholder Name: _____	
Cardholder's Daytime Phone: _____		Evening Phone: _____	
Address: _____			
Account Type: _____		Account Number: _____	
Debit Card Number: _____ (# must match card used for purchase)			

Details regarding the processing error or unauthorized transaction information as recorded below:  
\*\*\* Please check all the boxes that apply.\*\*\*

- I did not authorize or participate in the following transaction(s).
- The amount of the transaction below differs from the amount that I authorized at the merchant or terminal location. I authorized \$ \_\_\_\_\_.
- I do not recognize the transaction presented below.
- I authorized one transaction in the amount of \$ \_\_\_\_\_; however, this amount has been deducted from my account \_\_\_\_\_ (#) times.
- I authorized the following transaction; however, it was taken from the wrong account. It should have been removed from account number \_\_\_\_\_.
- I did not receive the cash or merchandise represented by the transaction listed below.
- I have my card in my possession.
- I have reported my card lost/stolen. I reported this on \_\_\_\_\_.
- I have my receipt.
- I do not have my receipt.

I have attempted to resolve this dispute with the merchant by: \_\_\_\_\_

Additional Comments or Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount : \_\_\_\_\_

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

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

Statement Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Number: \_\_\_\_\_ Dispute Filed: \_\_\_\_\_

Dispute Resolved: \_\_\_\_\_ Cardholder Notified: \_\_\_\_\_

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I did not authorize the following charges:

DATE	MERCHANT	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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