ADVISOR BANK

TheBancorp™

ATM/DEBIT CARD DISPUTE FORM

Complete this form to report (a) the unauthorized use of your ATM/debit card, (b) a point-of-sale (POS) transaction error or dispute, or (c) an incorrect disbursement of cash by an ATM. **We must hear from you no later than 60 days after we sent or made available to you the FIRST statement on which the transaction appeared.**

Refer to your Cardholder Agreement for more about your rights, responsibilities and liability with regard to your card and to your Account Agreement for how to report a dispute concerning an unauthorized automated clearing house (ACH) electronic fund transfer.

PART 1: Cardholder Information

_____

Full Name (First, Middle Initial, Last)

_____ _____ _____ _____

Mailing Address City State Zip

_____ _____ _____

Home Phone Mobile Phone Work Phone

_____ _____

Card Number Account Number (if applicable)

Card Type: ◯ Visa Debit Card ◯ Standard ATM Card

At the time of the transaction(s) my card was: ◯ Lost ◯ Stolen ◯ Still in my possession ◯ Never received

On what date did you notice your card was missing or had been compromised? (if applicable) _____

Date (mm/dd/yyyy)

If lost or stolen, were the card and PIN kept together? ◯ No ◯ Yes

Has anyone other than the cardholder had access to the card and/or PIN? ◯ No ◯ Yes

If yes, provide name(s) and relationship to you: _____

Name(s) / Relationship(s)

Have you ever authorized that person to use your card? ◯ No ◯ Yes

When did you last use the card? _____

Date (mm/dd/yyyy) and Time

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Where did you last use the card? Provide name and location of merchant or ATM operator: _____
Name and Location

Amount of the last authorized transaction: _____
Amount

If applicable, I attempted in good faith to resolve this dispute/error with the merchant: ◯ No ◯ Yes (if yes, provide details in Part 4)

PART 2: Disputed ATM/Debit Card Transaction

Use an additional page if needed.

Transaction Date #1 (mm/dd/yyyy)	Transaction Amount #1	Merchant Name and Location (as it appears on your receipt or account statement)
Transaction Date #2 (mm/dd/yyyy)	Transaction Amount #2	Merchant Name and Location (as it appears on your receipt or account statement)
Transaction Date #3 (mm/dd/yyyy)	Transaction Amount #3	Merchant Name and Location (as it appears on your receipt or account statement)
Transaction Date #4 (mm/dd/yyyy)	Transaction Amount #4	Merchant Name and Location (as it appears on your receipt or account statement)
Transaction Date #5 (mm/dd/yyyy)	Transaction Amount #5	Merchant Name and Location (as it appears on your receipt or account statement)
	_____ Total Amount of Claim	

◯ Check here if disputed transactions appear on an additional page.

PART 3: Dispute Reason

Check ONE reason that best describes your dispute concerning the transaction(s) listed in Part 2.

Note: Attach copies of Part 3 if you are disputing multiple transactions and/or a different dispute reason applies to one or more of them.

◯ **Unauthorized ATM/Point-of-Sale (POS)/Visa Debit Card Transaction.** I did not authorize this transaction.

◯ **Incorrect Transaction Amount.** The amount I authorized differs from the amount that appears on my statement.

The amount increased/decreased from _____ (Amount) to _____ (Amount).

◯ **Double or Multiple Charges.** My account was charged twice for the same transaction.

The transaction I authorized took place on: _____ (Posting Date (mm/dd/yyyy)).

◯ **Cancelled Transaction.** I notified the merchant of cancellation on: _____ (Date (mm/dd/yyyy)).

I received the following confirmation number when I cancelled the transaction: _____ (Confirmation Number) (if applicable).

◯ **Paid by Other Means.** The transaction was paid using cash, check or another payment card or device. A copy of my cash receipt, cancelled check, or bank statement is attached.

◯ **ATM Cash Withdrawal Dispute.** _____ (Amount Requested) _____ (Amount Received) (supply copy of receipt, if available).

◯ **ATM Deposit Dispute.** _____ (Amount Requested) _____ (Amount Received) (supply copy of receipt, if available).

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◯ **Other. Above descriptions do not apply.** Please describe the situation and provide any information that would be helpful in the dispute investigation:

Description of Situation and Additional Information

PART 4: Cardholder Statement

Please provide a brief description of the circumstances of your dispute. Attach an additional page if needed.

Description of Circumstances

Police Report Number (if one was filed) (optional)

Police District/Officer Name (if available) (optional)

PART 5: Cardholder Checklist

◯ Did you attach supporting documents, if available? If you do not have supporting documents available now, submit the documents as soon as possible. Please ensure copies of any documents sent to us are legible.

◯ Did you make a copy of this form for your records?

PART 6: Cardholder Signature

Must be the name appearing on the card.

I have fully and accurately reported to The Bancorp Bank, N.A. all of the information, knowledge and/or facts concerning the ATM and/or point of-sale (POS) transaction(s) described above. The transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and I did not receive any benefit from the transaction(s).

Signature of Cardholder

Date (mm/dd/yyyy)

Print Name

Please **mail or fax** this completed, signed form and any additional information requested above to:

Advisor Bank
Cardholder Services
P.O. Box 5017
Sioux Falls, SD 57117-5017

Phone: 800.650.5904
Fax: 605.988.3346

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