

## 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 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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**ATM Cash Withdrawal Dispute.** \_\_\_\_\_ (supply copy of receipt, if available).  
Amount Requested      Amount Received

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

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

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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.

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Description of Circumstances

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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 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).

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Signature of Cardholder

Date (mm/dd/yyyy)

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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