



4720 NW 39th Ave
Gainesville, FL 32606
Telephone (352)333-4760
Toll Free(888) 333-4760
Fax: (352) 333-4805

Debit Card Dispute/Fraud Form

Cardholder Name: _____ Phone Number: _____

Debit Card Number: _____

Dispute Amount: _____ Transaction Date: _____

Merchant Name: _____

Signature (Required): _____ Date: _____

****Before disputing a charge, you should make every effort to resolve the dispute with the merchant. Please attach any slips, correspondence or supporting documentation that may be helpful in resolving your dispute.****

Date of first attempt to reconcile with merchant: _____

How was contact made: _____

Merchants Response: _____

Reason for Dispute (please check the appropriate box):

- Cancellation of Merchandise or Service Dispute – Original Cancellation Date: _____
- Return of Merchandise Dispute
- Duplicate Transaction Dispute
- Paid by Other Means Dispute (*please provide copy of receipt*)
- Non-Receipt of Goods or Services
- Credit Transaction posted as a Debit in Error (*please provide copy of credit receipt*)
- Incorrect Transaction Amount (*please provide copy of receipt showing correct amount*)
- Quality of Goods or Services Dispute
- Other – please explain: _____

- Charge Not Authorized – I certify that I did not authorize or participate in this transaction with the above merchant, nor did I authorize anyone else to use my card.
To use this option, you MUST report your card lost or stolen. If you do not, please call 1-855-578-2641 Date this was completed: _____

