



ATM/Debit Card Dispute Form

P. O. Box 4818 ♦ Seminole, FL 33775-4818 ♦ 800-382-2400 ♦ Fax 727-393-0127

The ATM/Debit Card Dispute form is used to make a claim about the wrongful use of a negotiable instrument.

ATM Card Debit Card Name on Card: _____

Member Name	Account/Member Number	Date
Address		

NOTE: This document must be completed by the claimant and may be used to seek criminal prosecution. I declare that the statements on this document are true:

To the best of your knowledge where was your ATM/Debit Card during the fraud transaction(s)? _____

Did Our Fraud Department Contact You: Yes No If so, Date Contacted: _____

Was the ATM/Debit Card in your possession the whole time: Yes No

Are you willing to prosecute? Yes No

Did you file a police report? Yes (Please include a copy) No (You may be asked to file one)

Name of law enforcement agency: _____ Case Number: _____

Describe in detail the circumstances of the fraudulent activity and how you became aware of the activity. For example, consider how someone could have obtained your checks and/or your identification. Was your home or office burglarized? If more space is needed, feel free to attach additional sheets of paper.

I declare under penalty of perjury that the foregoing is correct. Please sign and fax to 727-393-0127.

Signature	Date Signed	Daytime Phone



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