



Debit Card Transaction Dispute

Cardholder's Name:

Address:

City, State, Zip

Best Contact Telephone Number (xxx)xxx-xxx:

Best Contact e-mail Address:

Debit Card # (Last 4 digits of card):

Transaction #1:

Transaction Amount: \$

Date of Transaction (MM/DD/YY):

Merchant's Name:

Transaction #2:

Transaction Amount: \$

Date of Transaction (MM/DD/YY):

Merchant's Name:

Transaction #3:

Transaction Amount: \$

Date of Transaction (MM/DD/YY):

Merchant's Name:

Is your card lost or stolen?

What date did you notice the transaction (MM/DD/YY)?



Card Transaction Dispute

Have you authorized transactions through this merchant before?

If so, did you revoke your authorization?

If so, what date did you revoke authorization and how did you notify them (MM/DD/YY)?

Have you authorized anyone else to use your card?

If so, who did you authorize?

Have you shared your card's PIN with anyone else?

If so, who did you share the PIN with and why?

Do you keep your PIN written anywhere?

If so, where did you write the PIN?

Do you suspect anyone of doing this transaction?

If so, who do you suspect and why do you suspect them?

Have you attempted to contact the merchant to resolve this issue?

If so, what date did you contact them (MM/DD/YY)?

How did you notify them?

What was the outcome of your conversation?

Please provide us with additional details about this transaction as it will aid us in our investigation:



Card Transaction Dispute

Please print, sign and drop off this completed form to the nearest FSB Office or mail to:

ATTN: Electronic Services Department
Franklin Savings Bank
PO Box 339
387 Central Street
Franklin, NH 03235

By signing below I am certifying that to the best of my knowledge the information contained in this form is accurate. I will also assist Franklin Savings Bank during this investigation should they require additional information from me.

Cardholder's Signature

Date