



ATM/DEBIT CARD UNAUTHORIZED/DISPUTED TRANSACTION FORM

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO
RESOLVE THE DISPUTE WITH THE MERCHANT

Today's Date: Account Number: Card Number:

Cardholder Name: Phone Number:

Email Address:

Merchant Name: Disputed Amount: Posting Date:

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Thoroughly explain why you are disputing this charge.

Multiple horizontal lines for text entry.

I further certify that: (select all that apply)

The transaction listed on this form is unauthorized. I understand that because the listed transaction was unauthorized my ATM/Debit Card will be canceled. Walden Savings Bank reserves the right to deny a new ATM/Debit Card.

I had possession of the ATM/Debit Card indicated above at the time the described transaction took place. The last time I used my card was on.

I gave the ATM/Debit Card indicated above to on, whose address is.

I had possession of my Personal Identification Number (PIN) at the time the described transaction took place.

My card has been Lost: Stolen: on I reported it to Walden Savings Bank on. I filed a police report on with Officer (attach copy)

___ I have not received the expected merchandise or services from the above listed merchant **AND** contacted the merchant on _____ to cancel my account **AND** request a refund. (please attach copies of correspondence with merchant)

___ I canceled a reservation/membership with a merchant within the guidelines set by the merchant and agreed to by me at the time the reservation/membership was initiated, but was still charged. My cancellation number is _____. (please attach a copy of letter, email, or fax informing the merchant of cancellation.)

___ The amount I authorized and signed for is different than what was deducted from my account. I notified the merchant on _____ and the merchant has refused to issue a credit. (attach copy of signed sales receipt).

___ This transaction took place at an ATM Machine located at _____ and I: received no funds: ___ received incorrect or partial funds ___ my account was debited twice ___ received \$ ___ but my receipt shows I withdrew \$ ____.

I personally have fully and accurately reported to Walden Savings Bank all of the information, knowledge or facts I possess concerning the ATM and/or ATM/Debit Card transaction reported above. I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the fraudulent transaction indicated above. Should anything else concerning this matter come to my attention, I will immediately report the same in writing to Walden Savings Bank. I further state that the ATM and/or ATM/Debit Card transaction was not originated with fraudulent intent by me or by any person acting in concert with me, and that the signature below is my own proper signature. I certify that the foregoing is true and correct.

Furthermore, I agree to assist Walden Savings Bank and the appropriate law enforcement authorities in any investigation of this matter and if, needed, to be a witness in any hearing, proceeding, or action brought against the person(s) responsible for the transaction.

Date

Customer Signature

****FAILURE TO COMPLETE THIS FORM OR PROVIDE REQUESTED INFORMATION WITHIN (10) TEN BUSINESS DAYS WILL CAUSE THE BANK TO DENY A PROVISIONAL RECREDIT OF YOUR ACCOUNT DURING THE INVESTIGATION PERIOD.

MAIL COMPLETED FORM TO:

Walden Savings Bank
Accounting Department
PO Box 690
Montgomery NY 12549

BANK USE ONLY:

Accepted By: _____ Date Affidavit Received: _____ Receiving Branch: _____