



Please complete this dispute form for the debit card transaction that you want to dispute. If you have more than one transaction to dispute, please complete a separate form for each transaction. Once this form is returned to the Bank, we will begin to work on resolving the dispute.

Cardholder Information - Please complete this entire section.

Debit Card Number: _____

Account Number: _____

Disputed Amount \$ _____

Cardholder Name and Address: _____

Date Transaction Posted: _____

Cardholder Phone Number: _____

Effective Date of Transaction: _____

Merchant Name and Location: _____

Has the card been:

____ 1. Closed (Fraudulent use)

____ 2. Hot Carded (Lost or stolen)

Is the disputed amount:

____ Less than \$50. For point of sale purchases, no other information is needed. Simply sign and date the form, and return it to the Bank. For ATM transactions, please continue completing the form.

____ Equal to or greater than \$50. Please continue completing the form, no matter what type of transaction you're disputing.

For Point of Sale Transaction Disputes

I would like to dispute the above amount for the following reason:

- ____ 1. I neither authorized nor participated in this transaction. It's a fraudulent transaction.
- ____ 2. The same transaction was posted twice to my account.
- ____ 3. The amount of the transaction is incorrect. My receipt is for \$ _____. (Please attach a copy of the receipt.)
- ____ 4. The services merchandise (check one) were never received. **(In this case, please contact the merchant prior to completing this form.)**
 Merchant's Name: _____
 When was the company contacted? __ __ - __ __ - __ __ (mm-dd-yy)
 What were the results? _____
- ____ 5. Merchandise was returned. (Please attach the return receipt or note the date the merchandise was returned: __ __ - __ __ - __ __)
- ____ 6. The services were cancelled.
 Cancellation number: _____ Date cancelled: _____
 Please explain the reason for cancellation: _____

Please provide more details in the section below.

Details of Dispute. For any reason you noted above, please briefly summarize the details of your dispute.**For ATM Transaction Disputes** (Please attach the ATM receipt - it is required for all ATM disputes):

- ____ 1. I acknowledge participation in the ATM transaction, but I did not receive any funds.
- ____ 2. I acknowledge participation in the ATM transaction, but received only a portion of my funds.
I requested \$ _____; I received \$ _____.
- ____ 3. I acknowledge participation in the ATM transaction, but it posted twice.
Please note the date that you notified the financial institution: _____
- ____ 4. I never authorized this transaction.

Cardholder Signature: _____**Date:** _____**Bank Use Only:**Employee Initials
and Notes

Instructions for Completing the Debit Card Dispute Form

The purpose of this form is to collect the essential information needed to resolve debit card transaction errors. These errors include ATM transaction disputes, as well as point of sale transaction disputes that customers are unable to resolve directly with a financial institution, store, vendor or merchant involved in the transaction, as well as claims of fraudulent use of a debit card or debit card information.

Cardholder Information:

All of the information in this area is required to be completed in order to proceed with the dispute. In the spaces provided, please enter the debit card number, account number, cardholder name, cardholder address, and the cardholder's daytime phone number. In addition, please fill in the merchant name and location, the disputed amount, the date the transaction appeared in the account, the actual effective date when the transaction occurred, and whether or not the card has been closed or hot-carded.

Note-In the event a cardholder is disputing a debit card purchase transaction, and the transaction is deemed to be fraudulent, it is **required that the card be closed out completely before an investigation commences. When the form is received by ACNB Bank, we will follow up with you and take care of closing the card.

Please note the disputed amount. If the disputed amount is a point of sale transaction less than \$50, no other information is required. Please sign and date the form, and return it to ACNB Bank. If the disputed amount is a point of sale transaction equal to or greater than \$50, please complete the rest of the form. If the disputed amount is for an ATM transaction, no matter what the amount, the remainder of the form must be completed.

Point of Sale Purchases and Fraudulent Activity:

In this section, please specify exactly what is being disputed. A copy of the receipt is **required** for wrong amounts or return of merchandise. Any cancellation of services **requires** either a cancellation number or cancellation date and a reason for the cancellation. Details of dispute are **required** to pursue the dispute.

Details of Dispute:

The space provided should be used to explain any additional information or details regarding the dispute. This should also include what was done to try and resolve the dispute, as well as what the financial institution or merchant did or did not do to assist in resolving the error.

ATM Disputes:

Please select the reason that most accurately describes the reason for the dispute, including any additional details needed to clarify and assist with the dispute.

Cardholder Signature and Date:

Please sign and date the form. Both of these are required in order to begin investigating the dispute. The date that the form is received by the Bank will be the official date the dispute is filed.