Denison State Bank Debit Card Dispute Letter

Date:					
Cardholder Name:		C	Card Number:		•
Contact Phone Num	nber:	Address:			
Posting Date:	Disputed Amount: _	N	Merchant Name/ Loca	ation:	
requested below. Please	are disputing a charge on your account as sign this form and return it to the bank as s A written letter from the cardholder may repl	oon as possible. You must s	elect a statement that be	st describes the reason for the dispute	or we may be limited in
	Transaction: A transaction	• • •	int that I did not auth	orize, participate in, or benefit fr	om.
	Date card was closed: Was card in customers possession				
	Did cardholder ever participate in va				
	Did cardholder contact the merchar	ILP T / IN , II	yes then please not	e the details:	
Lost / Stolen	Cards: My card was lost / sto	olen (circle one) AND I	did not authorize pa	rticipate or benefit from this tran	nsaction.
	Date card was lost/stolen:	Card was negativ	ely statused on :		
	Was a police report filed?: Y /	N if yes please atta	ch to this dispute.		
Non Receipt	of Merchandise: I was char	ged for merchandise /	services I never rec	eived.	
	l ordered:		and ex	spected delivery to be on	
	I contacted	at merchant	on this	s date:	and was told
Credit Not Pro	ocessed: I returned merch	andise and the merchar	nt has not processed	I the credit.	
	Date returned:	Returned via: St	ore / Fed Ex / UPS	/ USPS / Credit receipt attac	:hed:
:	Shipping/ Tracking number:				
!	NOTE: Customer must have returned	ed merchandise accordi	ng to merchant instr	ructions and retained tracking in	formation.
ŀ	I cancelled merchandise / service	s a credit was promis	ed but has not bee	n issued.	
I	Date cancelled:	Spoke with:		Cancellation #:	
	Date cancelled: Note: cancellations for Hotels, Cruis				
Not as Descri	bed: I was charged for merchan	dise / services which we	ere not the same as	described to me at the time of	purchase.
	What was purchased:		Date received	or expected:	***************************************
]	Describe the difference between de	scription and actual rec	eipt and provide doo	cuments to substantiate:	
	Date Cardholder contacted merchar	nt (REQUIRED):	Spoke w	ith:	
^	Merchant response:				
certify that the	information provided is acc	curate to the best	of my ability.		
•	· •			Talanhana #	
Sarunoluei Signatu	ıre:		Date:	Telephone # :	

Please attach a copy affidavit and send to Charge Back Operations.