## **Dispute/Fraud Form**

Questionnaire:
Have you had the card in your possession at all times?
Who currently has possession of the card?
If you do not have possession of your card, when did you notice it was missing?
Who have you authorized to use your card in the past, if anyone?
Where do you think your card may have been lost/stolen?
Where do you store your PIN number?
Do you know who may be responsible for these transactions?
Have you attempted to resolve this issue with the merchant?
If you have attempted to contact the merchant and they would not offer a refund, please advise why.
If merchant offered a refund, when was it expected to post to your account?
In the case of a dispute, have you authorized transactions to this business before? Example: Free trial of a product/recurring payment.
Has a police report been filed? If so, include police report number.
Would you be willing to file charges even if you know who is responsible?
would you be willing to the charges even if you know who is responsible:

<u>Prairie State Bank & Trust will prosecute those responsible to the fullest extent of the law. In the case Prairie State Bank & Trust files a police report, you may be contacted by the police for assistance in the investigation.</u>

## **Dispute/Fraud Form**

General Information:	
Cardholder Name	Card Number
Phone Number	Account Number
Please select one dispute/fraud type. <u>Dispute Type:</u>	
☐ Although I did participate in the above transact	tion, the merchant was unwilling to assist. Complete ONE of the
	ail in the <b>additional information</b> section below.
	I authorized \$ to be charged to my card. I am
	eipt, which reflects the correct dollar amount.
☐ I never received the merchandise	e. I expected delivery on (date).
□ Merchandise was returned the n	nerchant on and have not received
a credit of \$	
Date Returned:*include	copy of return receipt Date Received by Merchant:
	olication of an authorized charge that took place on (date).
□ Merchant was not able or willing	g to provide the requested merchandise/services.
Please explain what merchandise/se	rvice was to be provided in the additional information selection below.
☐ I notified merchant on (date) to car	ncel pre-authorized recurring charges (i.e., insurance premium, member-
ship fee). I have enclosed a copy of my dated c	orrespondence to the merchant, if available.
$\hfill\Box$ ATM did not dispense requested funds.	
Amount requested \$ Amo	ount dispensed \$
<ul> <li>Although I have authorized transaction in the p from the transaction(s) on second page.</li> </ul>	past with this merchant, I did not authorize, participate, or benefit
☐ Other dispute scenario: Please complete if none of	of the items above apply
, , , , , , , , , , , , , , , , , , ,	
Fraud Type: By selecting the item below, you are indicating	that you have never authorized a transaction to this merchant.
☐ I did not authorize, participate, or benefit from	the transaction(s) on page 2.
Additional information that may assist us in our investigation	:
,	

,	

## **Transaction Information:**

Transaction Date	Merchant Name / ATM Location	Transaction Amount

Additional Space for notes/additional transactions:

## BY SIGNING YOU ACKNOWLEDGE YOU HAVE READ THE FOLLOWING:

As the claimant you may request a copy of this document to keep on file. According to regulatory requirements, the bank must begin our investigation of your claim within 10 business days of receiving this form. If you submitted this form to a bank employee within 10 business days of verbally reporting the incident, you may be provided with a temporary credit, free for your use until the completion of our investigation which may take up to 90 days. The bank will correspond with you via mail using the primary address on your account, and/or by using the phone number provided on this form. If your claim is denied, you may request the information used to make this determination.