



Prairie State Bank & Trust

operations@psbank.net

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?

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.



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General Information:

 Cardholder Name

 Card Number

 Phone Number

 Account Number

Please select one dispute/fraud type.

Dispute Type:

- Although I did participate in the above transaction, the merchant was unwilling to assist. Complete ONE of the following statements and provide as much detail in the **additional information** section below.
 - Merchant charged my card \$_____. I authorized \$_____ to be charged to my card. I am enclosing a copy of my sales receipt, which reflects the correct dollar amount.
 - I never received the merchandise. I expected delivery on _____ (date).
 - Merchandise was returned the merchant on _____ and have not received a credit of \$_____.
 - Date Returned: _____ *include copy of return receipt Date Received by Merchant: _____
 - The above transaction(s) is a duplication of an authorized charge that took place on _____ (date).
 - Merchant was not able or willing to provide the requested merchandise/services.
 - Please explain what merchandise/service was to be provided in the additional information selection below.
- I notified merchant on _____ (date) to cancel pre-authorized recurring charges (i.e., insurance premium, membership fee). I have enclosed a copy of my dated correspondence to the merchant, if available.
- ATM did not dispense requested funds.
 - Amount requested \$_____ Amount dispensed \$_____
- Although I have authorized transaction in the past with this merchant, I did not authorize, participate, or benefit from the transaction(s) on second page.
- Other dispute scenario: Please complete if none 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:
