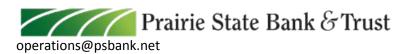


## **Dispute/Fraud Form**

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?

<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**

Dispute/Flaud Form	
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 trans	saction, the merchant was unwilling to assist. Complete ONE of the
	detail in the <b>additional information</b> section below.
Merchant charged my card \$	. I authorized \$ to be charged to my card. I am
enclosing a copy of my sales recei	pt, which reflects the correct dollar amount.
I never received the merchandise.	. I expected delivery on (date).
Merchandise was returned the me	erchant on and have not received
a credit of \$	
	nclude copy of return receipt Date Received by Merchant:
	lication 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/serv	vice 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, member-
ship fee). I have enclosed a copy of my date	d correspondence to the merchant, if available.
ATM did not dispanse requested funds	
ATM did not dispense requested funds.  Amount requested \$	Amount dispensed \$
Amount requested 5	Amount dispensed \$
Although I have authorized transaction in th from the transaction(s) on second page.	ne past with this merchant, I did not authorize, participate, or benefit
Other dispute scenario: Please complete if nor	ne of the items above apply
	ating that you have never authorized a transaction to this merchant.
I did not authorize, participate, or benefit fr	om the transaction(s) on page 2.
Additional information that may assist us in our investig	gation:

I DECLARE UNDER PENALTY DISPUTE/FRAUD FORM IS T	OF PERJURY THAT ALL OF THE II RUE AND CORRECT.	NFORMATION SUPPLIED	ON THIS	
Cardholder Signature		Date		
ransaction Information:				
Transaction Date	Merchant Name / /	ATM Location	Transaction Am	ount
dditional Space for notes/additional tra	nsactions:			
ank use only				
Date request received:		Card mainte	enance date:	
Reference Number:				