

Debit Card Dispute Form

Please complete this dispute form regarding your inquiry on your FCB Bank, a Division of ACNB Bank debit card. Upon receipt, the necessary action will be taken to resolve this dispute.

Cardholder Information (all information required to proceed) Debit Card Number: _____ Account Number: _____	Disputed Amount \$ _____
Cardholder Name and Address: _____ Cardholder Phone Number: _____	Date Transaction Posted: _____ Effective Date of Transaction: _____
Merchant Name and Location: _____	Please indicate the disposition of the card: ___ 1. Closed (Fraudulent use) ___ 2. Hot Carded (Lost or stolen)

_____ Disputed amount **less than \$50.00** (No other information is required.)
 _____ Disputed amount **greater than \$50.00** (Continue completing form.)
 (Dispute form must be filled in completely for ATM transactions regardless of the dollar amount.)

For Point of Sale Purchases:
 I would like to dispute the above amount for the following reason (details of dispute are **required** for all):

___ 1. I neither authorized nor participated in this transaction. (**Fraudulent Transaction**)
 ___ 2. The same transaction was posted twice to my account.
 ___ 3. The amount of the transaction is incorrect. My receipt is for \$ _____. (attach copy)
 ___ 4. The services merchandise (check one) were never received.
 Merchant's Name: _____
 Has the merchant been contacted? _____ (Y/N) if yes,
 when? ___ - ___ - ___ (mm-dd-yy) Disposition? _____
 ___ 5. Merchandise was returned.
 (attach return receipt or indicate date merchandise was returned here: _____)
 ___ 6. The services requested were cancelled.
 Cancellation number: _____ Date cancelled: _____

Please explain reason for cancellation here: _____

Details of Dispute. Please briefly summarize the details of your dispute.

For ATM Disputes (receipt must be attached 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.
 Note the date you notified the financial institution here: _____
 ___ 4. I never authorized this transaction.

Cardholder Signature: _____	Date: _____
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Forward to Electronic Banking (Do Not Fax)

Bank Use Only:

Teller Stamp and
Teller Initials

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Electronic Banking
Employee Initials
and Notes

Instructions for Completing the Debit Card Dispute Form

The purpose of this form is to collect the essential information required to assist FCB Bank customers in resolving debit card transaction errors. These errors include ATM disputes, and point of sale disputes that customers are unable to resolve directly with the bank, 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, enter the debit card number, the cardholder name, cardholder address, and cardholder's daytime phone number. In addition, it will be necessary for the cardholder to provide the merchant name and location, disputed amount, the date the transaction appeared on their account, the actual effective date when the transaction occurred, and the disposition of the card.

Note-In the event a cardholder is disputing a debit card purchase transaction, it is **required that the card be closed out completely before an investigation commences.

If the disputed amount is less than \$50.00, no other information is required. Obtain the customer's signature. If the disputed amount is greater than \$50.00, continue completing the form.

Point of Sale Purchases and Fraudulent Activity:

In this section, the cardholder needs to clarify 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 the cardholder did to try and resolve the dispute, as well as what the bank or merchant did or did not do to assist the cardholder in resolving the error.

ATM Disputes:

In this section, the cardholder needs to select the correct reason for the dispute including any additional details needed to clarify and assist with their dispute.

Cardholder Signature and Date:

The dispute will not be processed until the cardholder has signed and dated the form. The date the form is signed will be the official date the dispute is filed.

Teller Stamp:

The teller preparing the form and handling the dispute for the customer should include his or her teller stamp and initials in the box provided.

Electronic Banking Employee Initials:

The Electronic Banking employee who processes the dispute needs to initial in the box provided.

For Electronic Banking Use Only