

DEBIT CARD DISPUTE: FRAUDULENT/UNAUTHORIZED TRANSACTION(S)

Cardholder Information:

Member Name: _____ Date: _____

Member Number: _____ Case Number: _____

Account Number: _____ Debit Card Number: _____

Contact Information:

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Did you receive and respond to a Teachers Debit Card Notification? Yes No

I learned about the unauthorized activity approximately on: _____

To the best of my knowledge, my physical card was (please choose one of the following):

In my possession Lost on _____ Stolen on _____

I do **I do not** have knowledge of the identity of the person(s) illegally using my name, account or card number. If so, please provide the identity of the individual(s):

On the following page, please be sure to include all unauthorized debit card transactions(s) that you wish to dispute.

Please include for each transaction below:

- Date
- Dollar Amount
- Merchant Name as displayed on your account

