



POS/ATM AFFIDAVIT OF UNAUTHORIZED USE

Cardholder must complete this form to dispute debit or ATM card transactions. Attach a written explanation if necessary, to elaborate or if none of the dispute reasons below identify your situation. Once complete, return this along with any supporting documents, so we may begin processing your dispute. Please be aware that it may take up to ten (10) business days from when you notified us to provide you with a provisional credit.

Notice: I swear this Affidavit of Unauthorized Use is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Signature: _____ Date: _____

AMOUNT OF THE CLAIM: _____ **AMOUNT OF FEES:** _____

***Do not** add fees with amount of the claim.*

Card Number:	
Name:	
Address:	
Phone Number:	
Account type: Checking <input type="checkbox"/>	Account Number: _____
Savings <input type="checkbox"/>	Account Number: _____
Visa/ATM card was: Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In Your Possession <input type="checkbox"/> Fraud <input type="checkbox"/>	
Date loss discovered: _____ Date reported to Howard Bank: _____	
Circumstances: Please write in detail, to the best of your recollection, a summary of events related to the unauthorized use of your card. If your PIN was used, tell us how your PIN was obtained. (attach additional sheet if necessary)	

DO NOT INCLUDE OVERDRAFTS OR ISA FEES

List Unauthorized Charges:

Date: Amount: Merchant:

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While a police report is not require, I did file a police report on_____. Please provide the police department report number_____, officer name_____, and phone number and district_____.

MERCHANT DISPUTE

Merchant Name: _____

Transaction Date: _____

Transaction Amount: _____

Dispute Amount: _____

Paid for Goods by Other Means:

Check Cash Other Card Other Explain: _____
Provide proof of your payment.

Incorrect Transaction Amount

The amount of this transaction posted for _____ but should have posted for _____.
Attach a copy of the receipt showing the correct amount.

Cancellation Dispute

Were you advised on any cancellation policy? Yes No

If yes, please explain: _____

Date of cancellation: _____ Spoke with: _____

Cancellation #: _____ Reason: _____

I cancelled this recurring transaction with the merchant on: _____

How: _____

Non-Receipt of Goods or Services

What was ordered?

Merchandise/Tickets not received. Expected delivery date: _____

Describe your attempt to resolve with the merchant: _____

Spoke with: _____ Date: _____

Could not contact

How were attempts to contact merchant made? _____

List dates and times of attempts: _____

Returned Merchandise

Date returned: _____ Date received by merchant: _____

If mailed, provide copy of Proof of Return

Or shipping company: _____ Tracking number: _____

If you have a credit receipt, voucher, or refund acknowledgement that has not posted, please provide:

Date of credit: _____ Invoice/receipt number: _____

Describe your attempt to resolve with the merchant: _____

Charged Multiple Times for Same Transaction