

## Electronic Funds Transfer - Customer Complaint Form

(Each disputed transaction requires a separate form)

**Customer and Account Information:**

<b>Name:</b> _____	<b>Date and Time of Inquiry:</b> _____
<b>Address:</b> _____	<b>Contact Phone:</b> _____
<b>Card Number Used:</b> _____	<b>Account Number:</b> _____

**Information Specific to Disputed Transaction:**
**Type of Dispute (check one):**

Amount : _____	Date of Transaction: _____	Terminal Location-merchant name or address if ATM _____	<input type="checkbox"/>	Automated Teller Machine (048)	<input type="checkbox"/>	VISA Debit (050-purch)
_____	_____	_____	<input type="checkbox"/>	Point of Sale (050-merch)	<input type="checkbox"/>	ACH > 60 days (046)

**\*\*\*THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE CUSTOMER\*\*\***

Description of Problem or Error: _____
Date you discovered the problem or error: _____
Are both the card and PIN lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were the card and PIN kept together? <input type="checkbox"/> Yes <input type="checkbox"/> No
When did you first notice the card or PIN missing? _____
Who had access to the card and/or PIN other than you? _____
How and when did you discover the unauthorized transactions? _____
Where and when was the card used last? _____

**Customer Verification: I did not authorize or receive monetary benefit from the disputed amount listed in this claim.**

 \_\_\_\_\_  
**Customer Signature**

 \_\_\_\_\_  
**Date**

**\*\*Branch Use Only\*\***

 Complaint made:  In Person  By Telephone\*  By Mail\*  By Email\*

- \*1. Signed Electronic Funds Transfer -Customer Complaint Form is required by Bank policy. Provisional Credit may be withheld until signature is received.
- \*2. Advise customer of address for written complaint.
- \*3. Advise customer of information required.
- \*4. If notified other than in person, branch employee to prepare a temporary EFT to forward for processing until receipt of original from customer.

 Branch Employee Accepting Notification: \_\_\_\_\_  
 \_\_\_\_\_  

Sign and Print Name
Date
Branch

**\*\*\*Employee must verify transaction in Navigator and send a copy along with the claim\*\*\***

**\*\*\*Forward IMMEDIATELY to Support Services\*\*\***

**\*\* Support Services / BankCard Use\*\***

 Support Service (Received by): \_\_\_\_\_ Date received: \_\_\_\_\_  
 Bankcard Dept (Received by): \_\_\_\_\_ Date received: \_\_\_\_\_

<b>Claim Approved:</b>	Yes	No	Date:	<b>Claim Declined:</b>	Yes	No	Date:
<b>Provisional Credit Made:</b>	Yes	No	Date:	<b>Final Resolution:</b>	Yes	No	Date: