



ATM/DEBIT ERROR RESOLUTION REQUEST

Today's Date: _____ Date reported _____

Cardholder Name: _____

I am a the _____ (Primary account holder/ Signer)

Cardholder Phone: _____ daytime _____ evening _____ other _____

Cardholder Address: _____

Account Type: _____ Account Number: _____

Debit Card Number: _____

Please Note: Any unauthorized claims/transaction will result in a block and reissue of the card being reported.

Details regarding the processing error or unauthorized transaction information as recorded below:

- I did not authorize or participate in the following transaction(s).
- The amount of the transaction below differs from the amount that I authorized at the merchant or terminal location. I authorized \$ _____.
- I do not recognize the transaction presented below.
- I authorized one transaction in the amount of \$ _____; however, this amount has been deducted from my account _____ (#) times.
- I authorized the following transaction; however, it was taken from the wrong account. It should have been removed from account number _____.
- I did not receive the cash or merchandise represented by the transaction listed below.
- I have my card in my possession.
- I **do not** have my card in my possession.
- I never received a debit/ATM card
- I have reported my card lost/stolen. I reported this on _____.
- I have my receipt.
- I **do not** have my receipt.
-

I have attempted to resolve this dispute with the merchant by: _____

Additional Comments or Information (Please describe circumstance in detail): _____



Transaction Information

Transaction Date: _____ Merchant Name: _____ Transaction Amount: _____

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Transaction Date: _____ Merchant Name: _____ Transaction Amount: _____

Total amount in Question: _____ Authorized Amount: _____

Cardholder Signature _____ Date _____

Signers Signature _____ Date: _____

I _____, Authorize Farm Bureau Bank to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account, in addition, I understand that if necessary I may be asked to provide supporting documentation to support my claim.

Return completed form and all supporting documents via US Mail or Fax to:

Farm Bureau Bank
 Attn: Debit Card Department
 P. O. Box 33427
 San Antonio, Texas 78265-3427
 Fax Number: 1-210-637-4824

Please include any additional information you believe might be helpful to our investigation.

Statement Taken By: _____ Date: _____

Dispute Filed: _____ Dispute Resolved: _____

Cardholder Notified: _____ Date: _____