

DEBIT CARD CHARGEBACK REQUEST FORM

Must complete a form for EACH unauthorized charge



Customer Name _____

Customer Address _____

City, State, Zip _____

DB Card Number

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DB Card Exp Dt _____

Transaction Amount _____

Transaction Date _____

Merchant Name/Location _____

Chargeback Reason _____

Customer Signature _____

Date _____

****FOR BANK USE ONLY****

Has the card been Hot Carded? YES NO Date Hot Carded _____

Has an Incident Response form been completed? YES NO

(Complete form and send to BSA Officer. Include copy with db card chargeback forms to Dep Ops)

Bank Representative _____

Officer Signature _____

(Only if amt is less than or equal to \$25 and Officer approves bank to refund)

Deposit Operations _____
