

Dispute Form

Notice of Dispute Claim

First/Last Name (as it appears on the card): _____

Card Number: _____

Notice of Dispute Claim: *Please list the transaction you want to dispute*

Trans Date: _____ **Merchant:** _____ **Amount:**
\$ _____

Please check the statement that applies best:

Unauthorized - "Neither I nor any person authorized by me, authorized or received benefit from this charge. In addition, I do not authorize any further charges to be billed to my account from this merchant."

ATM Error - "I attempted to withdraw \$ _____ from the ATM but only \$ _____ was dispensed. I contacted the merchant on ____/____/____ and the merchant's response was _____

_____. *(Please provide a copy of the receipt.)*

Cancelled/Returned - "I have (check one) returned merchandise, or cancelled service on ____/____/____ because _____

_____. The merchant's response when I requested credit was: _____

_____. *(Please provide a copy of the return receipt, postal receipt, or proof of refund or cancellation)*

Not Received - "I have not received the merchandise that was to have been shipped to me. Expected date of delivery was ____/____/____. I contacted the merchant on ____/____/____ and the merchant's response was _____

Not As Described - "The (check one) merchandise or services provided to me on ____/____/____ was (check one) damaged or defective/not as described. I contacted the merchant on ____/____/____ and the merchant's response was _____

_____. (If returned) What date was it returned on - ____/____/____.

(Please provide a copy of the return receipt, postal receipt, or proof of refund.)

Credit Not Processed- "The enclosed credit slip (please circle A or B)

A. Issued to me for \$ _____. It has not appeared as a credit on my statement.

B. Listed as a charge on my statement.

Dispute Form

Incorrect Amount - "The sales receipt amount was increased from \$_____ to \$_____. My sales slip was added incorrectly." (Please enclose a copy of the sales receipt showing the correct amount)

Unauthorized ACH Entry - "Neither I nor any person authorized by me, authorized or received benefit from this charge. In addition, I do not authorize any further charges to be billed to my account from this merchant."

Other - _____

_____.

****If you have checked Unauthorized or ATM Error, complete the attached Questionnaire and Notice of Unauthorized Transactions****

By signing this statement, I am certifying the above information to be true, that I have provided true and complete information known to me, and I am not withholding information pertinent to the resolution of the matter.

We will determine whether an error occurred within 10 business days (20 business days if the transaction involved a new account) after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transaction involved a new account, a point of sale transaction, or a foreign initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (20 business days if the transaction involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. I understand that any provisionally credit money is subject to the final resolution of this matter, and that any provisionally credited money must be returned in the event that the Bank finds that no error or unauthorized transaction occurred.

An account is considered new for the first 30 calendar days after the initial deposit is made.

I certify under penalty of perjury that the statements above are true and correct.
ANY FALSE STATEMENTS MAY BE SUBJECT TO APPLICABLE CIVIL AND CRIMINAL PENALTIES.

Signature _____ **Date** ____/____/____

Please attach any documentation and information to support your dispute and return the completed form within 10 business days by fax to: Attention Disputes: 1-(888) 966-0288, by email to: disputesfax@insightcards.com or by mail to the address: Dispute Dept. PO Box 9, West Chester, OH 45071. For inquiries regarding the status of your dispute, Please call 1-888-572-8472.

Sincerely,
Dispute Department

Dispute Form

Notice of Unauthorized Transactions

If you have checked the "Unauthorized" box on the Notice of Dispute Claim form, please complete this form.

First/Last Name (as it appears on the card): _____

Card Number: _____

Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____
Trans Date: _____	Merchant: _____	Amount: \$ _____

"Neither I nor any person authorized by me, made or authorized the above charge(s) on my account. I have received no benefits from the above charges. In addition, I do not authorize any further billings from this merchant on my account."

By signing this statement, I am certifying the above information to be true, that I have provided true and complete information known to me, and I am not withholding information pertinent to the resolution of the matter.

We will determine whether an error occurred within 10 business days (20 business days if the transaction involved a new account) after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transaction involved a new account, a point of sale transaction, or a foreign initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (20 business days if the transaction involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. I understand that any provisionally credit money is subject to the final resolution of this matter, and that any provisionally credited money must be returned in the event that the Bank finds that no error or unauthorized transaction occurred.

An account is considered new for the first 30 calendar days after the initial deposit is made.

I certify under penalty of perjury that the statements above are true and correct.
ANY FALSE STATEMENTS MAY BE SUBJECT TO APPLICABLE CIVIL AND CRIMINAL PENALTIES.

Signature _____ Date ____/____/____

Attach any documentation and information to support your dispute and return the completed form within 10 business days by fax to: Attention Disputes: 1-(888) 966-0288, by email to: disputesfax@insightcards.com, or by mail to the address: Dispute Dept. PO Box 9, West Chester, OH 45071. For inquiries regarding the status of your dispute, Please call 1-888-572-8472.

Dispute Form

Questionnaire for Unauthorized Purchases or ATM Transactions

First/Last Name (as it appears on the card): _____

Card Number: _____

1. Are you still in possession of the card? Yes / No (Circle One)

2. Do you recall the last place you used the card? Yes / No (Circle One)
If yes, where? _____

3. Have you ever made a purchase / used the ATM where this transaction was performed?
Yes / No (Circle One)
If yes, when? _____

4. When was the last time someone other than you used the card?
4a. Date: _____
4b. Name: _____
4c. Relationship to you: _____

5. Name any/all individuals who have utilized your card or had the privilege of your PIN:

6. Was your PIN written anywhere it could have been found? Yes / No (Circle One)
If yes, where? _____

7. Where is your card kept when not in use? _____

8. If you believe your card was taken, explain how and why you feel this way:

If you are not in possession of the card, answer the following:

9. Have you filed a police report? Yes / No (Circle One) If yes, provide a copy.

10. When did you first realize you were not in possession of the card? _____

Dispute Form

11. Do you have any idea when and where the card was lost/stolen? _____

12. Do you believe you know the person(s) who may be in possession of the card? Yes / No (Circle One)

If yes, who?

Name: _____

Phone: _____

Address: _____

13. Why do you believe this person has your Card? _____

14. Does this person have your PIN to your card? Yes / No (Circle One)

If yes, how did they obtain your PIN? _____

15. If we discover someone has used your card and you did not receive benefit of its usage, will you be willing to prosecute that person? Yes / No (Circle One)

By signing this statement, I am certifying the above information to be true, that I have provided true and complete information known to me, and I am not withholding information pertinent to the resolution of the matter.

I certify under penalty of perjury that the statements above are true and correct.
ANY FALSE STATEMENTS MAY BE SUBJECT TO APPLICABLE CIVIL AND CRIMINAL PENALTIES.

Customer Signature _____

Date _____