

Bankers Trust MyPayCard Dispute Form

Cardholder Information

Cardholder Name: _____
 Cardholder Address: _____
 City: _____ State: _____ Zip: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____

Card Information

Card Number: My Pay Card Visa Debit 4062 _____

Note: Only reference the last four digits of the card number, if the form will be faxed or emailed back to Bankers Trust.

Was the card: Lost on Date: _____ Stolen on Date: _____ In your possession at the time of the purchase Pin Stored? _____

Did anyone else have access to the card? Yes No If yes, please provide the name of the individual: _____

Notified the bank: Yes No on (date): ____/____/____ Employee (name): _____

Was a police report filed? Yes No If yes, report date: ____/____/____

Number: _____ City: _____ State: _____

ATM Transaction Information (Use your receipt to complete the information below.)

Transaction Date: ____/____/____ Terminal Number: _____ Time: _____ Sequence # : _____

Requested: \$ _____ Received: \$ _____

Additional information relating to dispute (if applicable):

Point-of-Sale Transaction Information (pin- or signature-based)

Transaction Date: ____/____/____ Amount: \$ _____ Merchant Name: _____

I have attempted in good faith to resolve this dispute with the merchant. Yes No

Details on the dispute and your attempt to resolve issue (If more room is needed please use the back of this form or attach additional paper detailing your attempt):

Category	Description
<input type="checkbox"/> Unauthorized	I did not authorize this transaction.
<input type="checkbox"/> Double billing	I was billed twice for the same transaction. The correct transaction posted to my card on _____.
<input type="checkbox"/> Merchandise or service not received	I did not receive the merchandise or service I expected to receive on ____/____/____ (date).
<input type="checkbox"/> Credit not received	I was issued a credit receipt that did not post to my account. A copy of the credit receipt is enclosed with this form.
<input type="checkbox"/> Cancelled reservation	I spoke to _____ (name) to cancel my reservation on ____/____/____ (date). My cancellation number is _____.
<input type="checkbox"/> Paid by other means	I paid for this transaction using cash, check, or other bankcard. Enclosed is a copy of my proof of payment.
<input type="checkbox"/> Incorrect amount	I was billed \$ _____, but the correct amount is \$ _____ (submit copy of receipt/invoice).
<input type="checkbox"/> Returned merchandise	I returned the merchandise to the merchant on ____/____/____ (date).
<input type="checkbox"/> Defective merchandise	The merchandise arrived broken, defective, or otherwise unsuitable. I attempted to return the merchandise on ____/____/____ (date).
<input type="checkbox"/> Not as described	The product or service I received was not as described by the merchant. I attempted to return the merchandise on ____/____/____ (date). Enclosed is the merchant's advertisement and a letter explaining what I expected to receive.
<input type="checkbox"/> Cancelled services	I spoke to _____ (name) to cancel the service on ____/____/____ (date), however the merchant continues to bill me.
<input type="checkbox"/> Other - categories above do not describe the situation.	Enclosed is a detailed letter that describes my situation.

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TO THE Cardholder: If we have not been able to complete our investigation of the transaction in question within the 10 business day time period (20 business day time period if the suspected error occurred during the first 30 days that your card was open) provided by law, we will provisionally credit your card. If we credit your card for the amount in question, we reserve the right to reverse the credit shown if we determine that no error occurred. You will be notified of the date and the amount of the debit we make to reverse this provisional credit and we will honor checks, drafts or similar paper instruments payable to the third parties and preauthorized transfers from your card for five business days after the transmittal of such reversal notice if such items would have been honored had the debit reversal not been made. If we determine that an error has occurred, you will be notified that the provisional credit has been made final. In either event, we will complete our investigation within 45 days (90 days if the suspected error involved a POS or foreign initiated transaction or if the suspected error occurred during the first 30 days that your card was open) of your reporting the error to us.

IF WE DETERMINE THAT AN ERROR DID NOT OCCUR OR THAT AN ERROR DIFFERENT FROM THAT REPORTED BY YOU OCCURRED, YOU HAVE THE RIGHT TO REQUEST (IN WRITING) COPIES OF THE DOCUMENTS UPON WHICH WE RELIED IN MAKING OUR DETERMINATION.

Please provide any documentation that may assist in the dispute process. This may include a copy of the receipt or copies of or details of communication with merchant. This information may be useful in our investigation.

Please send this completed and signed form to the Electronic Banking Department:

- Fax: (515) 245-5255
- Mail to: Bankers Trust
Attn: Electronic Banking
P.O. Box 897
Des Moines, IA 50304-0897
- E-mail to: electronicbanking@bankerstrust.com

Cardholder's Signature (required for Point-of-sale signature disputes)

Date

Electronic Banking Use Only (Complete information below about dispute resolution)

Provisional Credit Given (Date): ____/____/____ by (Elec Bkg Employee): _____

Dispute Closed (Date): ____/____/____ Date provisional credit removed (if appl): ____/____/____

Removed by (Elec Bkg Employee): _____

Cards in Question: (regarding charges to be reversed below)

Has a new card been opened? Yes No If yes, new card #: 4062 _____

Charges to be reversed:

The following fees have been assessed and/or interest is due in association with this dispute:

	Completed by employee completing dispute		Elec Bkg Use Only	
	Number	Amount	Date Refunded	Refunded By:
ATM Transaction fees invoked:	_____	\$ _____	_____	_____
Surcharge fees invoked:	_____	\$ _____	_____	_____
Cash Advance fees invoked:	_____	\$ _____	_____	_____
Bill Pay Transaction fees invoked (assessed monthly):	_____	\$ _____	_____	_____

Electronic Banking
1-800-626-5761

