

# Bankers Trust MyPayCard Dispute Request Form

Notification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

phone or  in person

## 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/Stolen Date Reported Missing  In your possession at the time of the purchase

Date Lost/Stolen: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported Missing: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pin Stored Securely?:  Yes  No

Is the card currently in your possession?  Yes  No Has anyone ever had access to your card?  Yes  No

If yes, please provide the name of the individual: \_\_\_\_\_ When did you revoke authorization/use? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you believe you know who used your card?  Yes  No If yes, please provide the name of the individual: \_\_\_\_\_

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

Case Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**For Bank Use Only** *Required if card was lost/stolen OR used for fraudulent/unauthorized transactions:*

Change card status to HOT and place exception file date (this date should match the card's expiration date)

Completed By: \_\_\_\_\_ on (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Transaction Information *(please complete a separate form for each transaction)*

Transaction Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Indicate Type:  ATM  Visa Card Status at the time of Transaction \_\_\_\_\_

*Complete the appropriate section:*

**ATM:** Terminal Number: \_\_\_\_\_ Time: \_\_\_\_\_ Sequence #: \_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_ Received Amount: \$ \_\_\_\_\_

Deposited Cash: \$ \_\_\_\_\_ Deposited Checks: \$ \_\_\_\_\_

**Visa:** Transaction Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Have you ever done business with the merchant before?  Yes  No Recurring Transaction?:  Yes  No

**For Bank Use Only:** *If Recurring, change AOF indicator to NO. Issue new card if needed.*

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 Dispute Letter - Additional Documentation Form)

\_\_\_\_\_  
\_\_\_\_\_

## Category (Reg. E)

## 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 account on ____/____/____.
<input type="checkbox"/> Credit not received	I was issued a credit receipt that did not post to my account. <b>A copy of the credit receipt is enclosed with this form.</b>
<input type="checkbox"/> Canceled 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. <b>Enclosed is a copy of my proof of payment.</b>
<input type="checkbox"/> Incorrect amount	I was billed \$ _____, but the correct amount is \$ _____ <b>(submit copy of receipt/invoice).</b>
<input type="checkbox"/> Canceled services	I canceled the service on ____/____/____ (date), however the merchant continues to bill me.

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Category (Reg. E)	Description
<input type="checkbox"/> Merchandise or service not received	I did not receive the merchandise or service I expected to receive on ___/___/___ (date). <b>Enclosed is the merchant's advertisement and a letter explaining what I expected to receive.</b>
<input type="checkbox"/> Returned merchandise	I returned 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). <b>Enclosed is the merchant's advertisement and a letter explaining what I expected to receive.</b>
<input type="checkbox"/> Other - categories above do not describe the situation.	Enclosed is a detailed letter that describes my situation.

## Accounts in Question (regarding charges to be reserved below)

Account Number: \_\_\_\_\_  Checking  Savings Interest Bearing?  Yes  No

Has a new account been opened?  Yes  No If yes, new account #: \_\_\_\_\_

## Charges to be Reversed (The following fees have been assessed and/or interest is due in association with this dispute.)

			Elec Bkg Use Only	
	Number	Amount	Date Refunded	Refunded By
Foreign ATM Fees:		\$ _____		
Surcharge Fees:		\$ _____		
NSF/Overdraft fees charged to account:		\$ _____		
Return Check Fee:		\$ _____		
Loss of interest resulting from disputed transaction		\$ _____		
Excess transaction fees (savings only)		\$ _____		
Other Fees:		\$ _____		
Maintenance Fees Assessed: <input type="checkbox"/> Yes <input type="checkbox"/> No If fell below balance requirements, complete section below				
\$ _____				

**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 form to the Cards-ATM Department by fax at (515) 247-0025, mail to P.O. Box 897, Des Moines, IA 50304-0897 or email Cards-ATM@bankerstrust.com

Form Received by (Bankers Trust Employee)

Date

Branch Location

Phone Extension

Cards & ATM  
1-844-544-2924



**Bankers Trust**<sup>®</sup>  
Member FDIC

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