



Debit Card Claim Form

Name:

Card Number:

Address Line 1:

Address Line 2:

City/State/Zip:

HomePhone:

Cell Phone:

Work Phone:

Email Address:

The following transactions were charged to my savings/checking account, in error, account number:

Transaction Date:	Date Discovered::	Amount:	Company/Merchant Name
1.)			
2.)			
3.)			
4.)			
5.)			

Is the ATM/Debit Card currently in your possession?

Provide any further details that support your claim::

I, the undersigned, do attest that the statements made here are true and correct to the best of my knowledge:

Cardholder Signature

Date Signed

Please do not enter any information below this line - for office use only.

Accepting Branch:

Accepted By:

Forward to ATM Department