

# Statement of Unauthorized Debit Card Activity

## Citizens State Bank

Client Name:

Card Number:

Checking Account Number:

Phone:

CSB Branch:

Please select one of the following to describe where your card was in regards to the transaction(s) you are reporting.

Lost/Stolen (but I had not reported it to Citizens State Bank yet)

Lost/Stolen (and I had reported it to Citizens State Bank)

In my possession

I have examined my regular statement or other notification from the Citizens State Bank, indicating that my Visa Bank Card was used to originate debit entries to my checking account, originating from the merchant(s) in the amount(s), on the date(s) listed below.

<u>Merchant(s)</u>	<u>Amount(s)</u>	<u>Date(s)</u>
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*\*If you need more space please attach another document.*

### Reason for Dispute:

The transaction(s) listed above were unauthorized by me.

The transaction(s) listed above are on the incorrect date.

The transaction(s) listed above are for the incorrect amount.

The transaction(s) listed above were revoked by the merchant.

The transaction(s) listed above were for items that were returned.

The item(s) were returned on \_\_\_\_\_ because \_\_\_\_\_

I have select one of the options below to resolve the transaction(s) with the merchant(s).

Attempted                      Not Attempted

Describe the outcome with the merchant, if applicable.



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Please list any merchant(s) that are unknown to you.

*Please attach any documentation that will support your reasons for disputing the transaction(s) listed in this document.*

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Upon completing this document please print and sign it.  
Either bring it to one of our branch locations or fax it to 409.283.7168

\_\_\_\_\_  
**FOR INTERNAL USE ONLY**  
\_\_\_\_\_

Employee Receiving Document:

Date Received:

