

Financial Institution Use Only

Date Dispute Received _____

Teller _____

Branch _____

If you wish to dispute a debit card charge that has posted to your account either from a merchant or an ATM transaction, please read, complete, and sign this form. You may receive a provisional credit for the disputed dollar amount. *All disputes must be received within 60 days of you receiving the periodic statement on which the transaction appears. If we receive the form later than 60 days there may be no recourse.*

Cardholder Information

Cardholder Name		Date	Account Number	
Card Number		Card Type (check one): <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> Standard ATM Card		
Street Address		City	State	Zip Code
Home Phone		Cell Phone	Work Phone	
At the time of the transaction my card was: (check one)				
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Still in My Possession <input type="checkbox"/> Never Received <input type="checkbox"/> Given to: _____				
I've attempted in good faith to resolve this dispute with the merchant. <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, include details below).				

Category: Check one category below that best describes your dispute for the transactions listed.

<input type="checkbox"/> Unauthorized ATM/POS/Visa Debit Card/Counterfeit Chip Transaction I didn't authorize or engage in the transaction. The card must be closed as stolen.	<input type="checkbox"/> ATM Withdrawal Dispute Amount Requested: \$ _____ Amount Received: \$ _____ Difference: \$ _____
<input type="checkbox"/> Cancelled Services/Merchandise/Reservation I cancelled the services/merchandise/reservation on _____ (date). However, the merchant continues to bill me. The reservation cancellation number is: _____. The card must be closed as stolen.	
<p>If one of the below categories is selected, you must include a detailed description of the merchandise or service you purchased in the space provided.</p>	
<input type="checkbox"/> **Returned Merchandise I returned merchandise to the merchant on _____ (date). A copy of the delivery carrier receipt is enclosed.	<input type="checkbox"/> **Paid by Other Means I paid for this transaction using cash, check or another bank card. A copy of my cash receipt, cancelled check or other bank card statement is enclosed.
<input type="checkbox"/> Debit Card Account Billed Twice I was incorrectly charged \$ _____ on _____ (date). The correct transaction for \$ _____ posted on _____ (date).	<input type="checkbox"/> **Incorrect Amount I was billed \$ _____, but the correct amount is \$ _____. Evidence of the correct amount is enclosed.
<input type="checkbox"/> **Credit Receipt Issued and Not Processed I was issued a credit receipt that didn't post to my account. A copy of the receipt is enclosed with this form.	<input type="checkbox"/> Merchandise or Service Not Received I didn't receive the merchandise or services I expected to receive on _____ (date). Please include a detailed description below of the merchandise or services purchased, i.e. model number, size, color, type of service:
<input type="checkbox"/> **Defective Merchandise/Not as Described The merchandise arrived broken, defective or otherwise unsuitable OR the product or service received was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to receive is enclosed. I returned or attempted to return the merchandise on _____ (date).	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>

Cardholder Statement

Police Report Number (if one was filed: _____)

Please give a brief description of the circumstances of your claim. Attach an additional page if more room is needed.

Disputed Transactions

Transaction Date	Merchant or ATM Location	Amount (\$)	Merchant Contact Date	Merchant Response
Total Amount				

Check here if additional transactions are listed on an attached addendum. Total number of addendums attached: _____

Cardholder Checklist

****Did you attach supporting documentation, if applicable? If you do not have the required documentation at this time, submit it as soon as possible.**

Did you make a copy for your records?

The completed Dispute Form and other required documentation can be taken to any NexTier Bank location or mailed to:

**NexTier Bank
ATM Department
PO Box 1232
Butler, PA 16003**

You may also fax the Dispute Form and required documentation to 724.283.5048. You can expect resolution and/or provisional credit (if applicable) in accordance with the provisions and disclosures set forth in NexTier Bank’s card agreement. NexTier Bank may place a provisional credit in your account; however, it is imperative that you provide all documents and information requested by the Bank in order for the process to be completed. **For questions, please call 1.800.262.1088.**

“Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal Law (18 U.S.C § 1344).”

Cardholder Signature _____

Date _____

Note: Cardholder Signature must match the name on the card.