



To be completed by the client alleging the error or complaint. Deliver to: Community First Bank, Attn: EFT Dispute, PO Box 6919 Kennewick, WA 99336 **OR MAIL:** ebanking@community1st.com Attn: EFT Dispute.

Account Information:

Cardholder Name: _____

Address: _____

City, State Zip: _____

Phone: _____ E-Mail Address: _____

Account Type _____ Account Number _____

Debit/ATM Card # (all 16 digits) _____

Details regarding the error:

Did you participate in the transaction? Yes No

If Yes, Please complete the following:

Why are you disputing this transaction?

- Cancellation of merchandise or service (includes free trials) Merchandise or service not received
- Dissatisfied with merchandise or service Charged incorrectly, satisfied with and received merchandise or service.

What did you purchase? Please be specific as possible (Brand, size, color):

Is this Merchandise Service

What date did you expect to receive the merchandise? Estimate is okay. _____

How much of the transaction are you disputing? Full Amount Partial _____

Why are you disputing this transaction? Please check one:

- Unauthorized EFT
- Incorrect EFT to or from account
- Receipt of wrong amount from ATM
- EFT incorrect on periodic statement
- Institution initiated bookkeeping error in connection with EFT
- Improper identification of an EFT
- Customer is requesting more information on an EFT

Describe in your own words:

Date you first noticed the error? _____

How did you first notice the card missing or that the error had occurred?

- On your bank statement dated _____
- On internet banking
- Contacted by Institution/Fraud Dept
- Other _____

Is your card lost stolen or in your possession?

Is this an Automatic Transfer? Yes No

Does the error represent an unauthorized withdrawal at an ATM? Yes No

If yes, what location? _____

Describe the error involving the ATM (incorrect amount received, charged twice, etc.):



Debit Card Dispute Form

Detailed description of the unauthorized transfer or error:

Date of transaction: _____

Transaction amount: _____

Merchant name: _____

Describe any attempt you have made to resolve with the merchant (by phone or email?):

Please provide any receipts, email, etc you have regarding the transaction.

Date	Customer's Printed Name	Customer Signature
------	-------------------------	--------------------

Date	Branch	Employee Name
------	--------	---------------