

**ELECTRONIC FUNDS TRANSFER DISPUTE FORM**

**Customer Information**

Name \_\_\_\_\_  
City, State \_\_\_\_\_

**Transaction Information**

<b>Date of Transaction</b> Completed by EFT Specialist	<b>Amount</b>	<b>Type of EFT</b> (ATM, POS)	<b>Merchant Name</b> On the Customer's Statement	<b>Posting Date</b> On the Customer's Statement

**Customer Statement**

Date the Unauthorized / Improper transaction(s) was(were) discovered: \_\_\_\_\_

Date you learned the loss or theft the card: \_\_\_\_\_

Reason why you believe the transaction is unauthorized: \_\_\_\_\_

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



**This Section for ATM/Debit Card Disputes Only**

Nara ATM/Debit Card No: \_\_\_\_\_

ATM/Merchant Location: \_\_\_\_\_

**Declaration of Unauthorized Use** ( Indicate **Y**-Yes or **N**-No in the boxes below)

[        ] I had possession of my ATM/Debit Card indicated above at the time the described transaction occurred.

[        ] I gave or made ATM/Debit card available to others for transaction(s).



*I suspect the EFT transaction(s) described is an error for the reasons indicated above. I have received an Error Resolution Notice and understand my rights and liabilities. By signing below, I agree to accept the results of this investigation and the accountability for the full amount disputed if no error is found. I understand I may request for documentation used in the Bank's investigation.*

**I DECLARE UNDER PENALTY OF PERJURY, ACCORDING TO THE LAWS OF THE STATE WHERE THIS AFFIDAVIT IS EXECUTED AND THE LAWS OF THE STATE IN WHICH MY ACCOUNT IS MAINTAINED THAT I HAVE READ THE FOREGOING AND THAT THE FOREGOING IS TRUE AND CORRECT.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date