



## Debit/ATM Card Fraudulent Claim Form

By signing this form you are affirming that you have examined all of the unauthorized transactions and in each instance you did not originate the transaction nor authorize it nor did any other authorized user. Further, you did not receive any of the proceeds or benefits of any transaction(s) as reported below.

If you have any doubt about whether you or another authorized user actually participated in the transaction(s) reported below, please do not sign this disclaimer. To declare a transaction(s) as unauthorized when you actually participated in the transaction(s) can void your claim and forfeit your dispute rights.

<b>Customer Name (please print):</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Debit/ATM Card Number:</b>	
<b>Account Number:</b>	

I have examined the transactions on my account and the following debit/ATM transaction(s) was not authorized by me. (Do not include fees on this form. All fees related to the fraudulent transaction(s) will be reviewed and refunded by Garrett State Bank upon approval of the fraud claim). Attach additional pages as necessary.

Merchant Name	Transaction Amount	Transaction Date

<b>Total Dollar Amount Disputed:</b>	
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Please answer all of the following questions. If any of the required information is not provided, the form will be returned to you, which will delay the processing of your fraud claim.

1. Are you currently in possession of your card? (If yes, skip to question #6)    Yes    No

If no, was your card (please select only one option):

Lost

Stolen

Never Received Card

2. If your card was lost or stolen, what date did you discover your card lost/stolen?

3. If your card was lost or stolen, please provide the date you reported the loss.

4. If the card was not reported lost or stolen, please explain why you did not report the card missing.

5. If your card was lost or stolen, please give a brief explanation below of how your card was lost/stolen/etc. Please provide location of where your card was lost/stolen.

6. Was/Is your Personal Identification Number PIN attached or written on your card?

Yes    No

7. When and where did you last use your card?

Merchant/Location:

Date:

8. Do you know of any individuals who may be involved in these fraudulent transactions

Yes    No

If yes, please provide the following information:

Name:

Address:

Phone Number:

Relationship of individual to you:

9. Has any individual(s) ever been previously authorized by you to use your card?

Yes    No

If yes, please provide the following:

Name:

Relationship to you:

Address:

Phone number:

What authorization did you allow to the above individual?

10. Have you filed a police report?

Yes

No

If you answered yes, please provide us with a copy of the police report or the name of the agency that it was filed with?

11. Reason for Dispute – **REQUIRED** – Customer is required to give a statement detailing why they are disputing the charges as unauthorized, what steps they may have taken to resolve if any and any other information that would assist with our investigation.

I give my consent to the Garrett State Bank to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I fully realize that the banks investigation may cause the arrest of a person or persons (including the person(s) suspected herein) of the involvement in the unauthorized transaction(s). I understand that I may be required to comply with a court order or subpoena to give testimony. In addition, I will indemnify and hold harmless, the Garrett State Bank for any liability arising out of, relating to, or in any connection with, such arrest in the event that the representations of fact made herein should prove to be untrue. I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Customer Signature:

Date:

Employee Submitting the Form: