



Customer Statement of Disputed Transaction

If you have any questions, please
contact support@bnine.com
or (888) 297-5504

Use Appendix A (page 2) or additional pages to document additional disputes. Once completed, please attach this form and any supporting documentation to assist in the investigation of your dispute to the original email ticket you received.

Your name	Luke Brown
Account #	account n/a
Last 4 digits of the card #	9755
Transaction date	tdate n/a
Amount \$	106.99
Merchant name	Earnin

☒ SECTION 1: TRANSACTION NOT AUTHORIZED

I certify that I didn't use nor authorized anyone to use my card for the above transaction. I also certify that I did not receive any value in connection with the Disputed Transaction. I authorize you to share the information provided by me with law enforcement, banking regulators and other third parties in connection with any investigation of the Disputed Transactions, including any criminal investigation. I agree to cooperate in any such investigation and in the prosecution of any person believed to be responsible for fraudulently using my card. I certify that the information in this form is true and correct.

My card was (Select one):

☒ IN MY POSSESSION ☐ NOT RECEIVED ☐ LOST ☐ STOLEN

What DATE and TIME did you lose your card?

_____ / _____
daten/a timen/a

What DATE and TIME did you realize your card was missing?

_____ / _____
date1n/a time1n/a

Do you know who made these transactions? (Select one):

☒ NO ☐ YES (If Yes, complete the following)

Who do you think made or authorized these transactions? _____ one n/a

What is your relationship to this person? _____ two n/a

Have you given permission to anyone to use your card? (Select one):

☒ NO ☐ YES (If Yes, complete the following)

Name: _____ name n/a Relationship: _____ rel n/a

When was the last time you used your card?

Date/Time: _____ / _____ Amount: \$ _____
date n/a time n/a amount n/a

Merchant Name or ATM Location: _____
account n/a

Where do you normally store your card? _____
Wallet

Where do you normally store your PIN? _____
Wallet

Please list other items that were lost or stolen, including your mobile phone or any additional cards (if applicable): items n/a

Have you filed a police report? (Select one)

☒ NO ☐ YES (If Yes, complete the following)

District/Officer name: officer n/a

Report number: report n/a

Suspect name: suspect n/a

Please provide any additional relevant information: additional n/a

Cardholder signature: Luke Brown

Date: 12/2/24

Contact number (during the hours of 8am-5pm PST): 209-447-9047

Appendix A

Transaction date	Amount	Merchant name	Reason for dispute
11/30/24	\$106.99	Earnin	I did not authorize this transaction