



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

Account#

Last 4 digits of the card#

Transaction date

Amount\$

Merchant name

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 did you lose your card?

What TIME did you lose your card?

What TIME did you realize your card was missing?

What DATE did you realize your card was missing?

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?

What is your relationship to this person?

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

☐ NO

☐ YES (If Yes, complete the following)

Name:

Relationship:

When was the last time you used your card?

Date:

Time:

Amount: \$

Merchant Name or ATM Location:

Where do you normally store your card?

Where do you normally store your PIN?

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

Have you filed a police report? (Select one)

☐ **NO**

☐ **YES (If Yes, complete the following)**

District/Officer name:

Report number:

Suspect name:

Please provide any additional relevant information:

Cardholder signature:

Date: _____

Contact number (during the hours of

Appendix A

[illegible]