



New Tripoli Bank

Because people are more valuable than money.

EFT – ERROR RESOLUTION REQUEST

Cardholder Name: _____

Cardholder's Daytime Phone: _____ Cardholder's Evening Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Type: _____ CHECKING _____ Account Number: _____

Debit Card Number: _____

BUSINESS CUSTOMERS: New Tripoli Bank will assist in the attempt to recover disputed funds. Disputes will be investigated and can take up to 90 days to resolve. There is no guarantee the funds will be recovered.

Fraudulent Transactions (check one of these)

- ☐ Lost
 ☐ Stolen
 ☐ Card Not Received as Issued
☐ Counterfeit
 ☐ Card Not Present
 ☐ Account Takeover

- ☐ I did not authorize the transaction (s) listed below
☐ Card was listed on the Network Warning Bulletin on _____
☐ Cardholder in possession of the card at time of transaction.

- ☐ My debit card was charged twice. The first charge posted on _____
☐ The amount of the transaction below differs from the amount I authorized.
☐ I authorized _____ (receipt required)
☐ Recurring Charges after cancellation.
☐ On _____ I notified the Merchant to cancel our monthly/yearly agreement.
 Spoke with _____.
 * Please provide proof of cancellation if available.

An attempt to resolve with Merchant is **required** for all dispute scenarios listed below.
Please describe the attempt, including dates and time, in the comments below.

- ☐ I did participate in the transaction, but I am disputing for one of the following reasons:
☐ Merchandise or Services not received.

Expected date of delivery: _____

Description of product or services: _____

- ☐ Paid by other means. Please include proof of the other payment such as a copy of check, money order, receipt, or credit card statement.
☐ Credit from Merchant not received. Please include copy of credit voucher if available.
☐ Merchandise not as described or defective.
 Comments:

****Spoke to customer about Card Secure ____ yes (mark with initials)

Transaction Date: _____ Disputed Amount: _____ Original Amount: _____

Merchant / Terminal Name: _____

Cardholder Signature: _____

Prepared By: _____ Completed By: _____ Date: _____

Deposit Operations Use: Preliminary Credit _____ Letter to customer _____ Fiserv Credit _____ Fiserv Debit _____

Represent Credit _____ Represent Debit _____ Merchant Credit _____ Rev Prelim Credit _____ Final _____

The Bank reserves the right to refuse to issue a new debit card due to prior activity.