Statement of Unauthorized Debit Card Acitivty
Citizens State Bank

Client Name:

Card Number: **Checking Account Number:**

Phone: **CSB Branch:** Colmesneil

Please select one of the following to describe where your card was in regards to the transaction(s) you are reporting.

⭕ Lost/Stolen (but I had not reported it to Citizens State Bank yet)

⭕ Lost/Stolen (andI had reported it to Citizens State Bank)

⭕ In my possession

I have examined my regular statement or other notification from the Citizens State Bank, indicating that my Visa Bank Card was used to originate debit entries to my checking account, originating from the merchant(s) in the amount(s), on the date(s) listed below.

Merchant(s)	Amount(s)	Date(s)

If you need more space please attach another document.

Reason for Dispute:

⭕ The transaction(s) listed above were unauthorized by me.
⭕ The transaction(s) listed above are on the incorrect date.
⭕ The transaction(s) listed above are for the incorrect amount.
⭕ The transaction(s) listed above were revoked by the merchant.
⭕ The transaction(s) listed above were for items that were returned.

> The item(s) were returned on _____ because

I have _select one of the options below_ **to resolve the transaction(s) with the merchant(s).**

⭕ Attempted   ⭕ Not Attempted

> Describe the outcome with the merchant, if applicable.

Statement of Unauthorized Debit Card Acitivty

Citizens State Bank

Please list any merchant(s) that are unknown to you.

Please attach any documentation that will support your reasons for disputing the transacton(s) listed in this document.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that they signature below is my own proper signature. I cerfity under penalty of perjury that the foregoing is true and correct.

_____   _____
Client Signature   **Date**

Upon completing this document please print and sign it.
Either bring it to one of our branch locations or fax it to 409.283.7168

FOR INTERNAL USE ONLY

Employee Receiving Document:

Date Received: