



# ERROR RESOLUTION RESEARCH FORM



Date Customer Notified Bank: \_\_\_\_\_

☐ By Phone

☐ In Person

**Customer** Name: \_\_\_\_\_

**Information** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**Accounts** DDA: \_\_\_\_\_ Interest Bearing Account: ☐ New ☐ Yes ☐ No

SAV: \_\_\_\_\_

**Transaction** Indicate Type: \_\_\_\_ ATM \_\_\_\_ PIN POS \_\_\_\_ Debit Card \_\_\_\_ ACH \_\_\_\_ Other

**Information** Date of Error(s): \_\_\_\_\_

Amount of Error(s): \_\_\_\_\_

Amount of Transaction(s): \_\_\_\_\_

Time of Transaction(s): \_\_\_\_\_

Serial Number on receipt(s): \_\_\_\_\_

POS / ATM Locations: \_\_\_\_\_

Description of Error(s):

**Charges to** Number and Amount of Non-SBB fees invoked: # \_\_\_\_\_ \$ \_\_\_\_\_

**Be Reversed** Number and Amount of Surcharge fees invoked: # \_\_\_\_\_ \$ \_\_\_\_\_

Number and Amount of SNF fees charged to acct: # \_\_\_\_\_ \$ \_\_\_\_\_

Number and Amount of Low Balance Charges: # \_\_\_\_\_ \$ \_\_\_\_\_

Amount of Lost Interest resulting from these charges: \$ \_\_\_\_\_

**Card** Card Number \_\_\_\_\_

**Information** Where was the card stored? \_\_\_\_\_

Where was the PIN stored? \_\_\_\_\_

**If card was stolen:**

Hotcard date / Time / By Whom? \_\_\_\_\_

Police Report – Date, Number, and City: \_\_\_\_\_

Names(s) of anyone who may have access to card: \_\_\_\_\_

By signing below, I declare that I or any person acting in concert with me did not originate the posted transaction with fraudulent intent. I further agree to fully cooperate with the Bank in any investigation it may conduct, and agree that my failure to cooperate authorized the Bank to debit my account(s) for any amount the Bank has paid me based upon this affidavit.

Received by (PLEASE PRINT NAME) \_\_\_\_\_

Customer's Signature \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Location \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Bank Telephone Number

\*\*\*ATTACH COPIES OF ALL SUBSEQUENT ADVICES TO CUSTOMER\*\*\*

**CUSTOMER MUST SIGN AND COMPLETE**

**TO THE CUSTOMER:** If we have provisionally credited your account, we have not been able to complete our investigation of the transaction in question within the 10- business-day time period (20-business-day time period if the suspected error occurred during the first 30 days that your account was open) provided by law. Therefore, we have credited your account for the amount in question while reserving the right to reverse the credit should we determine that no error occurred, you will be notified of the date and the amount of any debit we make to reverse the provisional credit. We will honor checks, drafts or similar paper instruments payable to third parties and preauthorized transfers from your account for five (f) business days after transmittal of such reversal notice. If we determine that an error has occurred, you will be notified that the provisional credit has been made final. In either event, we will complete our investigation within 45 business days of your reporting the error to us.

**IF WE DETERMINE THAT AN ERROR DID NOT OCCUR OR THAT AN ERROR DIFFERENT FROM THAT REPORTED BY YOU OCCURRED, YOU HAVE THE RIGHT TO REQUEST (IN WRITING ONLY) COPIES OF THE DOCUMENTS UPON WHICH WE RELIED IN MAKING OUR DETERMINATION.**

For SBB Customer Service Use Only

Date Received: \_\_\_\_\_

Resolution ☐ 10/20 Business Days \_\_\_\_\_ ☐ 45/90 Calendar Days \_\_\_\_\_

**Consult the Regulation E disclosure or your Compliance Officer if you have questions.**

Date Account Provisionally Credited: \_\_\_\_\_  
Date Customer was Notified of Provisional Credit by letter: \_\_\_\_\_  
Date Fees were Refunded: \_\_\_\_\_  
Date Interest was Refunded: \_\_\_\_\_

Error Resolution:

Date Error Resolved: \_\_\_\_\_ Date Customer Notified: \_\_\_\_\_  
Date Document Copies Sent, if Requested: \_\_\_\_\_  
Notification Date that Provisional Credit Permanent/Withdrawn by letter: \_\_\_\_\_  
Previous Incident? ☐ Yes ☐ No



## Customer Dispute Request (#513)

PAN: \_\_\_\_\_ Date Account Hot Carded: \_\_\_\_\_ Hot Card Purge Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_ Date of Last Valid Transaction: \_\_\_\_\_  
Cardholder Address: \_\_\_\_\_

### Disputed Transaction

Date: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

I have attempted in good faith to resolve this dispute with the merchant. ☐ Yes (If yes, include the details below.) ☐ No

At the time of the transaction the card was: ☐ Lost ☐ Stolen ☐ In my possession

### Category

Select the category that applies and complete any information requested for that category.

☐ **Unauthorized**

I did not authorize this transaction.

☐ **Double Billing**

Billed twice for same transaction. Correct transaction posted on \_\_\_\_\_ (date).

☐ **Merchandise or service not received**

Did not receive merchandise or service I expected to receive on \_\_\_\_\_ (date).

Detailed description of merchandise/services purchased:  
\_\_\_\_\_

☐ **Credit not received**

Issued a credit receipt that did not post to my account. A copy of the credit receipt is enclosed with this form.

☐ **Paid by other means**

Paid for this transaction using cash, check, or other bank card. Copy of my cash receipt, cancelled check, or other bank card statement enclosed.

☐ **Incorrect amount**

Billed \$\_\_\_\_\_, but the correct amount is \$\_\_\_\_\_.  
Enclosed is evidence of the correct amount.

☐ **Returned merchandise**

Returned merchandise to merchant on \_\_\_\_\_ (date). Copy of the delivery carrier receipt and/ or bank card credit receipt enclosed.

☐ **Defective Merchandise**

Merchandise arrived broken, defective, or otherwise unsuitable. I attempted to return the merchandise on \_\_\_\_\_ (date). My explanation of the defect is enclosed.

☐ **Not as described**

Product or service received not as described by the merchant. I attempted to return the merchandise on \_\_\_\_\_ (date). Merchant's advertisement and letter explaining what I expected to receive enclosed.

☐ **Cancelled services/merchandise/reservation**

Cancelled the service/merchandise/reservation on \_\_\_\_\_ (date); however, the merchant continues to bill me. The reservation cancellation number is: \_\_\_\_\_

☐ **Non-recognition**

I do not recognize this transaction.

☐ **Other—Categories above do not describe situation**

A detailed letter describing my situation is enclosed.

Signature

SHAZAM Network: Form # 513

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Date

2/26/14



## Affidavit of Fraud or Forgery

**Note:** This form is for financial Institution internal use only. Call SHAZAM Customer Service at (800) 537-5427 to report lost or stolen cards.

Card number: \_\_\_\_\_ Financial institution: \_\_\_\_\_

Date of first fraud: \_\_\_\_\_

I / We \_\_\_\_\_ residing at \_\_\_\_\_

in the county of \_\_\_\_\_, state of \_\_\_\_\_, herein declare that as of \_\_\_\_\_

my / our SHAZAMChek card described above was (check one):

- \_\_\_\_\_ Lost / stolen
- \_\_\_\_\_ Never received in the mail
- \_\_\_\_\_ Account number used, card(s) still in possession

Since that date, I / we have not used this card (card number \_\_\_\_\_) for the purchase of merchandise, services, cash activity, or for any other purposes. I / we have not authorized anyone else, orally or in writing, nor have I / we given consent, nor do we have knowledge of implied consent, to use or have possession of said SHAZAMChek card. I / We have not, and will not, receive goods, services, or otherwise benefit, directly or indirectly, from transactions made after the date shown above.

I / We believe that cash activity sales drafts, telephone, internet, or mail orders executed after the above reported date of my SHAZAMChek (check one):

- \_\_\_\_\_ Card(s) lost
- \_\_\_\_\_ Non-receipt
- \_\_\_\_\_ Theft
- \_\_\_\_\_ Account number used, card(s) still in possession

and bearing my purported signature, or the purported signature of person(s) authorized to use my card following the date reported above, are and will be forgeries.

I / We further state that I / we will testify, declare, depose, or certify the truth of any or all of the foregoing before any competent tribunal, officer, or person in any case now pending or that may be hereafter instituted in connection with the matter contained in this affidavit. I / We further agree that any information relating to this account may be provided to any investigative or prosecutorial agency.

I / We declare under penalty of perjury that the foregoing is true and correct. Executed at (city) \_\_\_\_\_, in the county of \_\_\_\_\_, state of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Primary cardholder's signature: \_\_\_\_\_

Secondary cardholder's signature: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### **All Other Authorized Account Users**

Number of other account users \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** This affidavit, being signed under penalty of perjury, does not require notarization. Please attach additional comments. If this is a Visa debit card, you must complete a Visa Fraud Reporting form.