

Transaction Dispute Form / Written Statement of Unauthorized Debit

Please complete and print this form if you are disputing a charge from a merchant that has posted to your account. Please include a copy of all supporting documentation such as transaction receipts and correspondence with the merchant. Please mail all forms and any additional information in one envelope to: **Green Dot Corp. Transaction Dispute, P.O. Box 5100, Pasadena, CA 91117-0100**

Section A – Cardholder Information

Please provide **all** the following pieces of information and sign the form where indicated:

Cardholder's Name: _____

2nd Cardholder's Name (if applicable): _____

Last 4 Digits of Card Number: _____ Preferred Phone: (____) _____ - _____

Mailing Address: _____ New mailing address

E-mail: _____ New email address

Section B – Transaction Information

Please provide **all** the following information regarding the transaction(s) being disputed.

Please complete and print additional forms if you are disputing more than five transactions.

Transaction # 1: Transaction Amount: \$ _____ . _____ Date of Transaction: ____/____/____
Merchant's Name: _____

Transaction # 2: Transaction Amount: \$ _____ . _____ Date of Transaction: ____/____/____
Merchant's Name: _____

Transaction # 3: Transaction Amount: \$ _____ . _____ Date of Transaction: ____/____/____
Merchant's Name: _____

Transaction # 4: Transaction Amount: \$ _____ . _____ Date of Transaction: ____/____/____
Merchant's Name: _____

Transaction # 5: Transaction Amount: \$ _____ . _____ Date of Transaction: ____/____/____
Merchant's Name: _____

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Section C – Dispute Reason

Please read each of the following descriptions carefully and enter the number of the disputed transaction(s) from Section B in the box that pertains to the reason you are disputing that transaction.

Transaction
number(s)
from Section B:

Dispute Reason:

I have not authorized this charge to my card. I have not purchased or ordered merchandise in person, by phone, or by mail, nor have I received any goods or services from this merchant.

- My card was noticed missing/lost/compromised on ____/____/____.
- Did anyone else have access to your card or PIN? Yes No

If yes, please explain how: _____

_____.

For ACH debits: I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.

My card has been charged for the transaction listed above, but I have not received the merchandise or service. I expected to receive _____ from the merchant on ____/____/____. I contacted the merchant on ____/____/____, and their response was _____

_____. This matter has not been resolved.

The merchant promised me a refund credit for the listed charge, but it has not yet appeared on my card. A copy of the refund documentation is enclosed. (If store credit, send copy of sales slip and credit slip. Specify the reason for not using store credit: _____.)

I have been charged the wrong amount. Enclosed is a copy of my receipt showing the amount for which I signed. My receipt shows \$_____, however, I was billed \$_____.

My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.

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Section C – Dispute Reason (continued)

If none of the above reasons apply: Please print this form and provide a complete description of the problem by detailing your attempted resolution with the merchant and outstanding issues. Also enclose any documentation that may support your claim.

Section D – Claim Number

If you have already submitted this dispute over the phone, please provide the claim number you were given.
My claim number is: SF-_____.

(If you have not submitted this dispute via phone, you may leave this blank.)

Section E – Cardholder Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit(s) below was (were) not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Cardholder's Signature: _____

Today's Date: ____/____/____
(mm / dd / yyyy)

2nd Cardholder's Signature: _____

Today's Date: ____/____/____
(mm / dd / yyyy)