

Please Read Before Proceeding

1. This form must be completed by the person whose name appears on the debit/ATM card.
2. We cannot process your claim until we have received all of the required information and/or documentation.
3. The Debit/ATM Card Dispute Form is to be completed if you have initiated a debit/ATM card transaction with a merchant and are now disputing the transaction.
4. MasterCard requires that you first attempt to resolve the dispute directly with the merchant before submitting the dispute. The attempt to resolve must be after the charge has posted.
5. This form must be received by Colombo Bank within sixty (60) days of the transaction date as printed on your statement.
6. Debit/ATM card disputes fall under Federal Regulation E, which states that we are allowed 10 business days to investigate a dispute claim to determine if provisional credit is warranted. If we determine there is recourse through MasterCard, you will receive provisional credit within 10 business days. If a provisional credit is not warranted or, if all required information has not been provided, we will contact you within 10 business days. Provisional credit will be reversed in the event that we deny the claim.

Required Information

Please take the following actions:

1. Complete the form.
2. Return the form to Colombo Bank using one of the following methods:

Deliver in person to any Colombo Bank branch location.
 Or
 Mail to: Colombo Bank, 1600 East Gude Dr, Rockville MD 20850
 Or
 Fax to (240) 268-2279

You must complete all of the requested information:

Account Number	Your Name
Daytime Phone Number	Email Address
Debit/ATM Card Number	
Merchant Name	Date of Transaction
Amount of Transaction	Amount of Dispute

Statement & Authorization

I declare that the information provided on this form is true and correct.

Card Holder Signature

Date

Instructions for Completing the Following Section

1. Please check only one dispute type. Check the box that most closely matches the type of dispute you are submitting.
2. The required fields are marked with an asterisk (*). We will be unable to process your dispute unless all of the required information and/or documentation is provided.
3. Please provide as much detail as possible. Attach a separate sheet if more space is needed for your explanation.
4. Attach all supporting documents.

Cancellation – Recurring Transaction

(e.g., subscription, membership, policy, etc.)

Were you advised of any cancellation policy? Yes (Explain Below) No

Explanation of _____
Cancellation Policy: _____

*Date Cancelled with Merchant: _____ Cannot be used as an attempt to resolve date.

*Cancelled By: Phone – Spoke with: _____
 Email – Provide Copy of Email Cancelled in Person

*Cancellation Number: _____

You must list the Disputed Charges below:

(Please attach additional sheets if necessary.)

1. Date: _____ Amount: \$ _____ Merchant: _____
2. Date: _____ Amount: \$ _____ Merchant: _____
3. Date: _____ Amount: \$ _____ Merchant: _____
4. Date: _____ Amount: \$ _____ Merchant: _____
5. Date: _____ Amount: \$ _____ Merchant: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Cancellation – Hotel Reservation

Were you advised of any cancellation policy? Yes (Explain Below) No

Explanation of _____
Cancellation Policy: _____

*Date Cancelled with Merchant: _____ Cannot be used as an attempt to resolve date.

*Cancelled By: Phone – Spoke with: _____
 Email – Provide Copy of Email

*Cancellation Number: _____

You must list the Disputed Charges below:
(Please attach additional sheets if necessary.)

1. Date: _____ Amount: \$ _____ Merchant: _____
2. Date: _____ Amount: \$ _____ Merchant: _____
3. Date: _____ Amount: \$ _____ Merchant: _____
4. Date: _____ Amount: \$ _____ Merchant: _____
5. Date: _____ Amount: \$ _____ Merchant: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Returned Merchandise

*Date Returned: _____ *Date Received by Merchant: _____

*Reason Merchandise was Returned: _____

If return was completed by mail:

*Returned Merchandise Authorization Number (RMA): _____

*Shipping Company: _____ Tracking Number: _____

If you have a credit slip, voucher or a refund acknowledgement that has not posted:

*Date of Credit Slip: _____ Invoice/Receipt # of Credit: _____

You must list the Disputed Charges below:
(Please attach additional sheets if necessary.)

1. Date: _____ Amount: \$ _____ Merchant: _____
2. Date: _____ Amount: \$ _____ Merchant: _____
3. Date: _____ Amount: \$ _____ Merchant: _____
4. Date: _____ Amount: \$ _____ Merchant: _____
5. Date: _____ Amount: \$ _____ Merchant: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Multiple Charges for the Same Transaction

*Date of First Charge: _____ *Date of Third Charge: _____

*Date of Second Charge: _____ *Date of Fourth Charge: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Incorrect Transaction Amount

You must attach a copy of your receipt showing the correct transaction amount.

*Amount for which the Transaction Posted: \$ _____

*Amount for which the Transaction should have Posted: \$ _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Non-Receipt of Goods or Services

Merchandise or services not received. Expected delivery date: _____

Merchant unwilling or unable to provide service.

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Paid for Goods or Services by Other Means

You must supply a copy of proof of other means of payment. Proof can include a copy of the front and back of a canceled check, a cash receipt or another Bank Card statement.

*Select one of the following:

Check Cash Other Bank Card Other: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Credit Transaction Posted as a Debit Transaction in Error

You must supply a copy of the credit receipt received from the merchant.

*Amount for which the Debit Transaction Posted:

(Please attach additional sheets if necessary.)

1. Date: _____ Amount: \$ _____ Merchant: _____

2. Date: _____ Amount: \$ _____ Merchant: _____

3. Date: _____ Amount: \$ _____ Merchant: _____

4. Date: _____ Amount: \$ _____ Merchant: _____

5. Date: _____ Amount: \$ _____ Merchant: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Did not receive cash from an ATM withdrawal but account was charged

Date: _____ Time: _____ Amount: \$ _____

Bank Name & ATM Location: _____

- Single attempt and did not receive cash
- Multiple attempts and only received cash on one of those attempts.
- Other: _____

*Provide copy of ATM receipt(s).

Other

Do not choose this option for unauthorized transactions. If someone used your debit/ATM card to make transactions without your knowledge or permission, a Debit/ATM Card Statement of Fraud must be completed. The card must be closed to prevent additional fraud from occurring.
