

# Unauthorized/disputed debit card activity



Use this form to report unauthorized or disputed activity on your Visa® Debit card. Enter your information clearly using blue or black ink.

## 1. Your information

\_\_\_\_\_  
Name of account holder or authorized signer

\_\_\_\_\_  
Security code (If left blank, your request could be delayed)

\_\_\_\_\_  
Debit card number or account number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## 2. General debit card dispute information

EverBank reserves the right to request a police report.

Transaction type:  PIN based  Non-PIN based

Reason for dispute:

- Unauthorized transaction/unauthorized ATM withdrawal.** I did not authorize this transaction or ATM withdrawal, nor did I allow anyone to use my card to complete this transaction.

\_\_\_\_\_  
Name of person who committed fraud (If unknown state "unknown")

- Card was stolen.** Is the card in your possession?  Yes  No

\_\_\_\_\_  
Date of theft

\_\_\_\_\_  
Place of theft

\_\_\_\_\_  
Name of person who took the card (If unknown state "unknown")

- ATM withdrawal; card charged, cash not received or partially dispensed.** Supply a copy of the receipt.

- Charged more than once for the same transaction.** Charge dates: \_\_\_\_\_

- Transaction paid by other means.** Supply us with a copy of the receipt showing other form of payment.

Paid by: \_\_\_\_\_

Provide additional transaction information below.

Transaction date	Disputed amount	ATM or merchant name
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Additional information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Merchant debit card dispute information

You must first attempt to contact and resolve the dispute directly with the merchant. Reason for dispute:

- Cancelled transaction.** Provide a copy of the merchant’s cancellation policy.
- Non-receipt of merchandise/services not rendered.**
- Return credit not received.** Provide proof of return and the merchant’s return policy.
- Other:** \_\_\_\_\_

Provide additional transaction information below.

Date merchant contacted	Date (Of cancellation, merchandise, service or credit expected)	Merchant name	Name of merchant representative
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Merchant’s response/additional information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. Signature

I declare and certify under penalty of perjury under the laws of the United States of America (including without limitation, Title 28, section 1746 of the United States Code) that the foregoing is true and correct. As part of their investigation, I understand EverBank, National Association (“EverBank”) may need to discuss the case and my information with third parties, including law enforcement and other financial institutions and authorize EverBank to do so accordingly.

The undersigned agrees that we, EverBank, in our sole discretion, may accept documents that you have signed and sent to us by electronic means, like fax, email, or other file transmittal processes we might offer. By sending us any such document by electronic means, the undersigned agrees that we may rely on it and on the signature, and that the document is binding on the signer even if the original signed document is not delivered to us.

 \_\_\_\_\_ Date \_\_\_\_\_

Account holder or authorized signer

## 5. Submit

The type of account you have with us will determine how you return the form so be sure to choose the appropriate option.

### Personal account

Upload this form and any additional documentation so that we can move forward in the quickest and most secure way. Simply log in to your account at everbank.com and:

- From the **Statements & Documents** tab, select **Upload documents**
- Select **Files** you would like to upload
- Select **Folder** to upload files to and follow directions

### Business account

The form-approving authorized signer can submit the completed form to us through BOB using their specific login credential by selecting the **Administration** tab, then **Communications**, then **Contact Us** and add the attachment(s). Alternatively, we require an authorized signer with a security code to call us at 1.855.563.3177 so we can set up secure delivery of your form via encrypted email. We're available weekdays from 8 a.m.–5 p.m. (ET).

**For bank use only:** \_\_\_\_\_  
 Date dispute rec'd                      Date provisional credit issued                      Date dispute final                      Dispute resolution

Reason dispute denied \_\_\_\_\_

\_\_\_\_\_                      \_\_\_\_\_  
 Date card was listed on the exception file                      If the transaction was already reported to Visa Fraud, date it was reported.