

True Blue® Prepaid Card Transaction Dispute

Request Taken By: _____ Extension _____ Branch: _____

OFFICE USE ONLY		
Cardholder Name:	Date Error Reported:	Investigation Number:
Address:	Provisional Credit Date:	Investigation Worked By:
City: State: Zip Code:	Provisional Credit Amounts:	Date Investigation Completed:
Home Phone: Business Phone:		Completed By:
Email Address:	International Fee Adj & Date:	Reviewed By:
16 Digit Cardnumber:	Reverse Provisional Credit Date:	Interest Adjustment Amount:
	Reverse Provisional Credit Amount:	Fees Waive Amount and Date:

Type of Notification: Verbal ___ Letter ___ In Person ___ Fax ___ Secured Message ___

Capitol Federal is requested to investigate the following transaction(s):

Type of Transaction: ___ Visa Transaction ___ Capitol Federal ATM ___ Non-Capitol Federal ATM ___ POS Withdrawal

Total Amount of Dispute: _____ **Transaction Date Range:** _____

Please select the reason that best addresses your dispute.

It may be necessary for us to contact you to obtain additional information regarding your dispute.

- Visa Transaction Lost/Stolen Card
- Counterfeit Card
- Merchandise/Services Not Received
- Canceled Transaction
- Merchant Credit Not Received/Merchandise Returned
- Defective/ Damaged Merchandise or Not as Described
- Double or Multiple Charges
- Credit Posted as Purchase
- Paid by Check/Cash/Other Credit Card
- Amount of Charge Increased after Sale -The amount entered on sales slip is \$ _____, but was billed \$ _____.
- Unauthorized Mail/Telephone/Internet Transaction or Internet Fraud
- ATM Did Not Dispense Cash
- ATM Did Not Deposit Cash/Check
- ATM Only Dispensed Partial Amount –
The amount received from the ATM was \$ _____, the amount that was charged to the account was \$ _____.
- ATM Transaction Lost/Stolen Card
- Other - _____

OFFICE USE ONLY	
As a result of our EFT Report of Investigation, Capitol Federal has taken the following action:	
<input type="checkbox"/> Funds were recovered during the dispute process. Amount: _____	Exception File Date: _____
<input type="checkbox"/> Charge-off Amount: _____	Copy Request Date: _____
<input type="checkbox"/> The Branch _____ issued credit. Date: _____ Amount: _____	Fraud Reporting Date: _____
<input type="checkbox"/> The merchant issued credit. Date: _____ Amount: _____	Chargeback Date: _____
<input type="checkbox"/> The investigation is denied. See comments section.	Pre-Arbitration/Pre-Compliance Date: _____
	45 Days: _____ 90 Days: _____
COMMENTS: _____	

16 Digit Debit Card Number: _____

Merchant Name	Date	Transaction Amount	Location/Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Please provide a statement describing why you are disputing the above transaction(s).

Please remember to include the dates that you spoke with the merchant, who you spoke with, what the merchant stated, and any other information that will be helpful to continue our investigation.

To the Customer: The above information is true and to the best of your knowledge. Please sign below and return this form to us within 5 business days for Visa withdrawals and 10 business days for ATM withdrawals of the date you first reported the error. **Return to the nearest office of Capitol Federal, fax to (785)231-6364 or mail to: 700 Kansas Avenue, Topeka, KS 66603.**

I understand that Capitol Federal Savings will investigate the alleged error and notify me of the appropriate disposition of this matter.

Cardholder Signature: _____ Date: _____

Please direct questions to: True Blue® Direct Phone (800)222-7312