



# MARINE BANK

## ATM / VISA TRANSACTION DISPUTE FORM

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of first contact with Customer: \_\_\_\_\_  In Person  By Phone  In Writing

VISA / ATM Debit Card Number: \_\_\_\_\_

Debiting Merchant: \_\_\_\_\_ ATM Location: \_\_\_\_\_

DDA Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_

### Customer Conversation with Company Representative (Visa Only)

Spoke With: \_\_\_\_\_ Phone Number Called: \_\_\_\_\_

Date Called: \_\_\_\_\_ Time Called: \_\_\_\_\_



# MARINE BANK

ATM / VISA TRANSACTION DISPUTE FORM (CONT)

## Customer Dispute

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_