

To process your dispute correctly and efficiently please complete the following:

Section 1 – Customer Information:

- Fill in requested information (Business Name, Cardholder Name, Account Number and Card Number)
- Current phone number and/or email address is required
 - This ensures that our Dispute Department is able to contact you in a timely manner if additional information is needed to process your claim

Section 2 – Select Dispute Type (Choose only one):

- Select one of the five listed dispute types
 - Fraudulent
 - Cancellation
 - Unapproved
 - ATM
 - Other
- Further detail is requested under each dispute type
 - Be sure to answer each question if applicable
 - Be as detailed as possible if additional explanation is requested

Section 3 – Transaction Details

- List each transaction that is being disputed
 - Date, Payee and Amount are required
 - Enter your total dispute amount

Section 4 – Authorization

- Read the section completely
 - Check the box if you agree to have any possible subsequent transactions added to your claim
 - Sign and Date

For your reference, please keep a copy of your dispute paperwork.

Submit this form and all supporting documentation for processing to **1st Security Bank** by:

- Delivering to any branch or
- Faxing to **425.771.6969** Attn: Deposit Operations or
- Mailing to:
 - 1st Security Bank**
 - Attn: Deposit Operations**
 - P.O. Box 97000**
 - Lynnwood, WA 98046**

For additional questions or concerns please contact us at 800.683.0973 ext. 2330.

Section 1 – Customer Information

Business Name: _____ Cardholder Name: _____

Card No: _____ Account No. _____

We may need to contact you about your dispute. Please provide your current contact information below.

Phone No: _____ Email Address: _____

Section 2 – Select Dispute Type (Choose only one type)

Fraudulent Transaction Dispute (to use this option, your card must be closed):

- I certify that the listed transaction(s) were not made by me or by a person authorized by me to use my card.
- I complete this Cardholder Dispute Resolution for the purpose of establishing the fraudulent use of my debit card.
 - I did not give, sell or trade my card to anyone nor did I give anyone permission to use my card.
 - I have no knowledge that my spouse or child(ren) made these transaction(s).
 - I did not receive any benefit from the fraudulent use of my debit card.
 - I have examined all of the fraudulent transaction(s) and in each instance, I did not originate the transaction(s) nor authorize it.

At the time of the fraudulent transaction(s) my card was/is: Lost Stolen Never Received In My Possession

Although not required to process your dispute, please make every effort to report theft and fraud to the police department in the jurisdiction where the crime occurred. If you do so, please provide us with the following information. (Police Reports can be filed in person, online or by phone in most areas)

Law Enforcement Agency: _____ Case No: _____

Officer Name: _____ Phone: _____

Cancellation Dispute:

- I certify that I have attempted to cancel with the merchant.
- Was this a trial product? Yes No
 - Were you advised of a cancellation policy? Yes No (If yes, what were you told?): _____
 - Date of cancellation: _____ Spoke with: _____
 - Cancellation Number: _____
 - Reason for Cancellation: _____
 - Was merchandise received? Yes No (If yes, please attach proof of return.)

Unapproved Transaction Dispute:

- I certify that I have previously done business with the following merchant(s), but did not approve the listed transaction(s).
- Please attempt to contact the merchant prior to disputing.
 - When was the merchant contacted? _____
 - What was the outcome of the merchant contact? _____

ATM Dispute:

I certify that the following ATM transaction(s) are incorrect in one of the following ways:

- I did not receive cash from the ATM, but was charged as if I did.
- I did not receive the correct amount of cash from the ATM.
I received \$ _____, but should have received \$ _____.
- Other (please explain): _____

Other Dispute:

Please include a detailed description of your dispute if none of the options above apply.

Section 3 – Transaction Details

Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
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Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____
Date of Transaction: _____	Payee: _____	Amount: \$ _____

Total Amount of Transactions: \$ _____

Section 4 – Authorization

Once you have completed all requested information, please sign and date this form. 1st Security Bank of Washington will promptly provide you with any information and/or documentation to assist you in determining if the transaction is legitimate. We will investigate any dispute and determine whether or not an error or fraud has occurred. An explanation of our findings will be available to you within 3 business days after the completion of our investigation.

Regulation E outlines the rules and procedures for electronic funds transfers (EFTs) for consumers. Please note: The protections and deadlines included in Regulation E do not apply to business accounts.

Visa maintains a Zero Liability Policy to protect you against certain unauthorized transactions. For more information on Visa’s Zero Liability Policy, refer to your Business Visa Debit Card Agreement.

To the best of my ability, and under penalty of perjury, the information stated in and/or attached to this document is accurate. I further state, under penalty of perjury, the transaction(s) were not originated with fraudulent intent by me or any person acting in concert with me, and the signature below is my own proper signature.

In the event additional charges are identified by me following the completion of this dispute, I authorize my bank to add those subsequent transactions upon my notification to the bank.

Accountholder Signature

Date