

CUSTOMER STATEMENT OF DISPUTED TRANSACTION

Please complete only ONE of the sections below. Use a separate form or additional pages to document each dispute. Once completed, please send this form and any supporting documentation to assist in the investigation to the following:

Fax to: 415-449-3446
Email to: claims@chime.com

If you have any questions, please contact support@chime.com or 1-844-244-6363.

Your Name: _____
Account #: _____
Amount: \$ _____
Transaction Date: _____
Post Date: _____
Reference Number (if available): _____
Transaction Description: _____

Please complete only ONE of the sections below.

SECTION 1: TRANSACTION NOT AUTHORIZED

I certify that the charge(s) listed above was (were) not made by me nor a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.

1. My card was (Select one):
 IN MY POSSESSION NOT RECEIVED LOST STOLEN
(If applicable) What day was your card lost or stolen? _____
2. Do you know who made these transactions? (Select one):
 NO YES (If Yes, complete the following)
Who do you think made or authorized these transactions? _____
What is your relationship to this person? _____
3. Have you given permission to anyone to use your card? (Select one):
 NO YES (If Yes, complete the following)
Name: _____ Relationship: _____
4. When was the last time you used your card?
Date/Time: _____ Amount: \$ _____
Merchant Name or ATM Location: _____
5. Where do you normally store your card? _____
6. Where do you normally store your PIN? _____
7. Please list other items that were lost or stolen, including your mobile phone or any additional cards (if applicable): _____

8. Have you filed a police report? (Select one)
 NO YES (If Yes, complete the following)
District/Officer name: _____
Report number: _____ Suspect name: _____

SECTION 2: ATM – CASH NOT RECEIVED

I requested \$ _____ from the ATM however I received \$ _____.
 I am disputing the amount of \$ _____ as this amount was not received.

SECTION 3: INCORRECT TRANSACTION AMOUNT

The dollar amount of the transaction was increased from \$ _____ to \$ _____.
 I am enclosing a copy of my debit card sales receipt, which reflects the correct dollar amount.

SECTION 4: CANCELLED TRANSACTION

I dispute the entire charge or a portion of it in the amount of \$ _____. I contacted the merchant on _____ (date), but no credit has been applied to my account. I received the following confirmation number when I cancelled the service: _____.

SECTION 5: RETURNED OR DEFECTIVE MERCHANDISE

All or part of the shipped or delivered merchandise was defective or damaged when I received it. I returned the merchandise on _____ (date), but I have not yet received a credit. The tracking number for this shipment is: _____. I contacted the merchant on _____ (date) and received the following response: _____.

I am enclosing a detailed statement describing the defects of the merchandise and am enclosing a copy of my proof of return list of the merchandise received, the items returned, and the cost of each item.

SECTION 6: DUPLICATE TRANSACTION

The above transaction is a duplicate of an authorized transaction that took place on _____ (date). The reference number for the authorized transaction is: _____.

SECTION 7: PAID FOR GOODS BY OTHER MEANS

I made the above transaction, but paid for it by _____ (list form of payment used: cash, another debit or credit card, etc). I am enclosing a copy of the receipt showing the correct form of payment.

SECTION 8: NON-RECEIPT OF GOODS OR SERVICES

I have never received the merchandise. I expected to receive it during the week of _____ (date). I contacted the merchant on _____ (date), and received the following response: _____.

SECTION 9: OTHER (not classified above)

Please describe the situation and provide any information that would be helpful to the investigation:

Cardholder signature: _____ Date: _____

Contact number (during the hours of 8am-5pm CST): _____