DEBIT CARD DISPUTE FORM

Home Nation PO Box 457 Racine OH 45 Bank Acrony	Cardho 5771 Debit Ca	Date _ older Name _ rd Number _ nt Number _		
Cardholder must answer the following questions as they pertain to this card.(circle one)				
Have you made purchases previously with this merchant? Yes			Yes No	
Do you have a receipt and the merchant uses a different name?			Yes No	
Have you tried to resolve the issue with the merchant directly?			Yes No	
Is the card in your possession?			Yes No	
Do any famil	y members have "implied authority" to use the a	ccount?	Yes No	
Please list all	transactions included in this dispute.			
Date Merchant Name				Amount
To Be Completed By Cardholder Please included a detailed description of why the transactions are disputed:				
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