



# Debit Card Transaction Dispute Form

Please use this form if you are disputing a charge to your Optum Bank debit Mastercard®, transaction from your account with Cardholder Service. Please print this form, select the dispute type that pertains to your specific circumstances, attach all supporting documentation and either mail or fax all information to the address or fax number below. Please make sure to sign and date this form.

Questions? Please call us at the number on the back of your debit card if you have any questions while completing this form.

058A HA MCDH HSA FSA HRA

## 1 Cardholder Information

Cardholder Name:

Benefit Administrator's Name:

Address:

City, State ZIP:

Phone #:

Mobile #:

## 2 Card Information

Card Number	Date of Settled Transaction	Transaction Amount	Merchant Name

## 3 Reason for Dispute — Please Choose only One

- 1. I did engage in the above transaction: However, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant and requested a credit adjustment that has not been received or was not satisfactory. I am disputing the charge because:
  
- 2. I made one purchase with this merchant within the last 90 days and have been billed correctly for this. However, I have been billed by this merchant for an additional purchase that I did not make or authorize; all my cards are in my possession.
- 3. The amount of the sales slip was increased from \$\_\_\_\_\_ to \$\_\_\_\_\_. Enclosed is a copy of my sales slip. No additional charge was made or authorized to be added to my sales slip.
- 4. I have contacted the merchant, giving them notification of cancellation prior to the date of this transaction. The exact date of the cancellation was: \_\_\_\_\_. The cancellation # is: \_\_\_\_\_.
- 5. I certify the charge(s) above was/were not made by me or a person authorized by me to use my card, nor were goods or services, represented by the above transaction(s) received by me.  
Date card lost or stolen: \_\_\_\_\_ Police Report Number: \_\_\_\_\_ State: \_\_\_\_\_
- 6. Other or additional charges (for additional space use back of form if applicable):

I acknowledge that all information contained or submitted with this declaration is true.

**CARD HOLDER(S) SIGNATURE(S): Signatures of all persons authorized to use the card are required.**

Name

Signature

Date

**Note: Please use a separate sheet of paper using the exact format above if additional dispute explanation is required and/or additional transactions need to be disputed. Date and signatures are required both on this form and any attachments. Failure to do so could affect transaction dispute rights.**

### Where to return your form?

By Mail: Cardholder Service, P.O. Box 7235, Sioux Falls, SD 57117-7235  
By Fax: 1-954-377-0072