Internal Dispute Investigation Form

Customer Name		**Account Number**	
Debit Card Number: **(If applicable)**			

1. What date did you first realize the unauthorized transactions from your account? _____
2. When did you notify your Financial Institution (Community Bank of Missouri)? _____
3. Was the peer-to-peer payments app Zelle® used in this unauthorized transaction? _____
4. Have you contacted the merchant in the attempt to resolve this error? _____

   Merchant Name: _____ Phone #: _____ Date _____

5. Are you in possession of your ATM card? _____
   a. If no, was the card lost or stolen? _____
   b. Date of loss or theft _____
6. If the card was stolen, have you contacted the police? _____
   a. Will you consider filing a report and providing us with a copy? _____
7. Have you ever authorized anyone to use your debit card(s)?

   a. Yes _____ If yes, whom?_____

   No _____ If no, suspect anyone? _____

8. Please provide names of individuals who had access to your card, including access to electronic devices that may have your debit card information stored on the device.
   a. Name & Relationship: _____
   b. Name & Relationship: _____
9. Where is your card kept? _____Where is the PIN kept? _____
10. Have you purchased or given previous authorization to this merchant? _____
    a. For cancelled service, provide date and reason for cancellation.

    _____

    b. For cancelled service over the telephone, name of contact and telephone number.

    _____

    c. For cancelled service via fax, letter, or e-mail, provide a copy of the sent e-mail or letter or fax confirmation.
11. Have you received merchandise or credit for an account resulting from this transaction?

    _____

    a. If you returned merchandise, provide proof of return.

(OVER)

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Provide information about how the unauthorized charge was discovered, the steps you took to resolve the issue with merchant, any communication with the merchant and any additional information related to the unauthorized charges.

Signing an affidavit containing false information is a criminal offense. Please be sure all information is accurate before signing this form. We attempt to resolve our investigation in a timely manner. This can take several months. **Account holder agrees to keep the account open until investigation is finalized. Community Bank of Missouri policy allows no more than 3 debit cards closed for fraud in a 2-year period.**

For Consumer unauthorized transactions, under Regulation E, A financial institution has a minimum of 10 business days to research an alleged error before provisional credit for the disputed amount is required. Notification of the results of the investigation and of any re-crediting will be delivered by mail.

For Consumer Merchant Disputes or Business customer disputes, you assume full liability for the transaction except in the event of a lost or stolen card. You also agree to bank fees; including a $18 per transaction fee to file, plus any unrecoverable funds. For additional questions about your dispute, please contact the Fraud Department at 816-637-6669.

X _____ Date:_____