

DISPUTED PIN DEBIT CARD TRANSACTION

Transaction Type: WTD – Withdrawal DEP – Deposit PUR – PIN Purchase PCP – PIN Completion

You must provide the information on pages 1 and 2 of this form and we must receive the completed form within 10 business days of your oral notification or provisional credit(s) issued will be reversed from your account. Complete and sign this form and attach it via Online Banking, New Message to our Card Services. Subject: Debit Dispute or Mail to: 430 S. 4th St., Reading, PA 19602, Attention: Debit Disputes. **IMPORTANT: SECTION V ON PAGE 2 MUST ALSO BE COMPLETED. FAILURE TO PROVIDE ALL REQUESTED DOCUMENTATION COULD AFFECT THE OUTCOME OF YOUR CLAIM.**

Section I: You must complete each item in this section in order for your claim to be processed.

CARDHOLDER NAME		RIVERFRONT ACCOUNT NUMBER	DEBIT CARD NUMBER	
CARDHOLDER ADDRESS (STREET)		CITY	STATE	ZIPCODE)
BEST TIME TO BE REACHED AM / PM	TELEPHONE NUMBER (H)	TELEPHONE NUMBER (WORK OR MOBILE)		EXT

Section II: Disputed transaction(s). Provide the following information about the item or transaction you are disputing. **If you are disputing more than one item or transaction, provide the information for the additional transaction(s) on page 2.**

Item #1	MERCHANT NAME	DATE I CONTACTED MERCHANT (MO / DAY / YR)	
	POSTING DATE (MO / DAY / YR)	DOLLAR AMOUNT \$	Please provide details on the next page

Section III: Please check and complete the ONE category which BEST describes the disputed transaction(s).

- The transaction listed above was not made by me or a person authorized by me to use my card. In addition, neither I nor anyone authorized by me received goods or services represented by this transaction.
- I did not participate in nor authorize the above referenced mail order or telephone order transaction. I understand that no signed or imprinted sales slip copy is available for verification purposes.
- I was issued a credit slip for \$ _____ on ___/___/_____ which did not appear on my statement. *(Please ensure that 30 days have passed from the date of the credit slip prior to submitting a dispute. A copy of the credit slip is required.)*
- The transaction was paid by other means (i.e., check or cash). *(Enclose a copy of your sales slip, or a copy of front and back of cancelled check or copy of other statement if another card was used. A copy of the alternate payment method is required.)*
- The amount I authorized differs from the amount on my receipt. *(Enclose a copy of your sales receipt.)*
- I cancelled the subscription / membership / policy / reservation (circle one) on ___/___/_____. The cancellation number is _____. *(Please provide a copy of the contract and any documentation supporting the cancellation.)*
- I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$ _____. *(Enclose a copy of your sales receipt.)*
- I did authorize the transaction; however, I have not received the merchandise or services. The expected delivery date was on ___/___/_____. I contacted the merchant on ___/___/_____ and the merchant's response is described on the next page. *(Please explain in detail in the space allotted in Section IV of this form of what the merchant's response was and the details surrounding your dispute.)*
- I did authorize the transaction; however, the merchandise or services received were defective or not as described. I contacted the merchant on ___/___/_____ and the merchant's response is described on the next page. I have returned the merchandise for a credit on ___/___/_____. *(Please explain in detail in the space allotted in Section IV of this form of what the merchant's response was and the details surrounding your dispute. Also provide proof of return.)*

Section IV: Cardholder's SIGNATURE AND DATE ARE REQUIRED for your request to be processed. By signing, you certify that the information provided on this form is true and correct.

SIGNATURE	DATE (MO / DAY / YR)
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IMPORTANT - PLEASE NOTE

- Transaction disputes are between you as the cardholder and the merchant. Credit is not guaranteed. MasterCard/Visa makes the final determination based on the information you and merchant provide related to the disputed transaction(s).
- We cannot place a "STOP PAYMENT" on a charge. In lieu of this, MasterCard/Visa extends certain billing rights to cardholders. To preserve these billing rights, the cardholder must notify Riverfront within sixty (60) days from the closing date of the statement on which the error first appeared.
- The cardholder must first attempt to resolve the dispute with the merchant before we can take action on your claim.
- If we have any questions after receiving your request, we will contact you using information you provided on this form or using information that we have on file.
- Due to different laws in various international countries. *International Transactions* do not have the same consumer protection rights that are available for transactions that are originated in the U.S. We will make every effort to assist you; however, we cannot guarantee a favorable outcome for all disputed transactions.

