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 andigo.org

## Debit card dispute/fraud form

**Please note:** In accordance with regulations all disputes must be filed within 60 days of receiving your statement.

### Type of dispute (check one):

- Fraud** (These transactions were not conducted by me or anyone I have authorized to use my card.)
- Merchant related** (These transactions are mine, however, there is an issue with the transactions or merchant.)
- Note:* Before submitting a merchant dispute you are required to attempt to resolve directly with the merchant first. If you already attempted to resolve the issue with the merchant and were unable to, please include transaction details below.

Was the debit card in your possession?  Yes  No

### Disputed transactions (Use additional form if necessary.)

Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount

### Briefly describe the fraud situation

Police report number (if applicable)

### Personal information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (printed)	Signature (required)	Date
<input type="text"/>		
Debit card number		
<input type="text"/>		
Contact phone number		

Once you complete this form, please sign and email to [losspreventiondepartment@andigo.org](mailto:losspreventiondepartment@andigo.org) or fax to 847.538.4736. A picture of the form *will not* be accepted. Please email the actual completed form.

If you have any questions, call 877.270.6392 and select option 73.

### Office use only