



### ATM/Debit Card Dispute Affidavit

Name:	Card Number:
Address:	
City, State & Zip Code:	Home Phone Number:
Work Phone Number:	Account Number:

**Type of Transaction** (select one):  PIN Based  Non-PIN based (signature)

Date of Transaction	Amount of Transaction
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**Reason for Dispute** (select one of the following reasons):

1. Unauthorized; I did not authorize this transaction, nor did I allow anyone to use my card to complete this transaction.

Name of person who completed transaction (if unknown write "unknown")
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2. Card was stolen (supply the following information):

Police Report number	Place of theft
Name of person who completed transaction (if unknown write "unknown")	

3. Transaction was paid by another source of funds (supply copy of the receipt showing other form of payment).

4. Charged multiple times for the same transaction (supply the following information):

Date of first charge	Date of second charge
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5. ATM withdrawal; card charged but cash not dispensed/received (supply a copy of the receipt).

6. ATM withdrawal; card charged for full amount but full cash amount not dispensed/received (supply a copy of the receipt).

7. ATM withdrawal not authorized (supply the following information):

Does anyone else have access to your card?  Yes  No

Name, if applicable, to person who has access to your card

Was the card lost or stolen?  Yes  No

If the card was lost or stolen, was the PIN kept in the same location as card?  Yes  No

If the PIN was not kept in the same location provide details

**For the following disputes involving merchants, you must first attempt to resolve the dispute with the merchant.**

8. Cancelled transaction (*attach a copy of the merchant's cancellation policy and supply the following information*):

Date of cancellation	Cancellation number
Name of merchant representative	Merchant's response

9. Merchandise not received (*supply the following information*):

Expected receipt date of merchandise	Date you spoke to merchant regarding merchandise not received
Name of merchant representative	Merchant's response

10. Return credit not received (*supply copy of proof of return, merchant's return policy and the following information*):

Date merchandise was returned	Date of expected return credit
Date you spoke to merchant regarding credit not received	Name of merchant representative
Merchant's response	

11. Services not rendered (*supply the following information*):

Date of expected service	Type of service
Date you spoke to merchant regarding services not rendered	Name of merchant representative
Merchant's response	

12. Other (*provide all applicable information such as transaction details i.e. Merchant Name/ATM location*):

**Additional information regarding your dispute**

I state that I am making this affidavit for the purpose of establishing a disputed transaction of my Axos Bank ATM/Debit Card. I did not give, sell, transfer or trade my Card to anyone nor did I give anyone permission to use my Card. The transactions detailed above were not made by me or anyone authorized by me. I further state that I did not receive any benefit from the unauthorized use of my Card. I did not use this Card or authorize the use of this Card by anyone else after I discovered the Card was lost, stolen or counterfeited. I give my consent to Axos Bank to release any information regarding my Card and/or Card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card account. I certify under penalty of perjury that this information provided by me in this Affidavit is true. I understand that making a false statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

You may fax form to: 1-858-350-0443

You may mail form to: Axos Bank  
P.O. Box 911039  
San Diego, CA 92191-1039

Contact Customer Service, Monday through Friday 6:00 a.m. through 6:00 p.m. (PT), with any questions on: 1-888-502-2967