Transaction Dispute Form

This form must be completed and submitted as soon as a disputed transaction is identified. Transaction Dispute forms **must be received within 90 calendar days from original transaction(s) settlement date**. Otherwise your dispute rights might be compromised. Complete all fields in this form. Incomplete forms will delay the dispute process.

Important Note: *This transaction dispute form is **not** intended to dispute why a transaction was declined or used for submission of requests for additional documentation.*

If you have additional questions, please contact the phone number on the back of your card.

Cardholder Information			
Cardholder Name:		Benefit Administrator's Name:	HSA Bank
Cardholder Mailing Address:		Cardholder Phone #:	
City and State:		Zip Code:	

Debit Card Number	Date of Settled Transaction	Transaction Amount	Merchant Name

Debit Card Number	Date of Settled Transaction	Transaction Amount	Merchant Name

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 which 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 number 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.

CARDHOLDER(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.

Fax or mail the completed form to:

Cardholder Services
Fax Number: 1-800-253-1220
Cardholder Services
P.O. Box 7235
Sioux Falls, SD 57117-7235

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Instructions for Completing the Transaction Dispute Form

1. **Complete all fields in the form**. Incomplete forms will delay the dispute process.
2. Sign and Date the form.
3. Fax or Mail the form to Cardholder Services (contact information is at the bottom of the form). If you fax this form, please save your fax transmittal/confirmation. If you mail this form, please send via registered mail and save your receipt. Otherwise this could affect transaction dispute rights.

REQUIRED FIELDS

Cardholder Name – Name of the cardholder as printed on the front of the Debit Card
Cardholder Mailing Address – Cardholder's mailing address
City and State – Cardholder's mailing address city and state
Cardholder Phone # – Cardholder's primary phone number including area code, in case we have questions regarding this dispute
Zip Code – Cardholder's mailing address zip code
Debit Card Number – 16-digit account number printed on the front of the Debit Card
Date of Settled Transaction – Date the transaction posted/settled to the account. ***A transaction cannot be disputed until it has settled.***
Transaction Amount – Total purchase amount for the transaction in question
Merchant Name – Name of the merchant location where the disputed transaction occurred

TRANSACTION DISPUTE PROCESS

If you suspect fraud or error on your card:

1. Contact the number on the back of your card immediately.
2. If this is an unrecognized transaction, ask the customer service representative to have your card reported as lost/stolen. If your card is not reported as lost/stolen, you may receive a letter instructing you to have your card reported as lost/stolen before moving forward with your dispute.
3. Complete the Transaction Dispute Form and fax or mail to Cardholder Services (contact information on bottom of page 1). **It must be received within 90 days of the original transaction date**.
4. Your account will receive a provisional credit within 10 business days as long as the Transaction Dispute Form is valid and received within 90 days of the original transaction settlement date.
5. If Cardholder Services requests that you provide additional dispute documentation, it must be received within 20 calendar days from the date listed on the letter sent to you in order to avoid having the provisional credit reversed.
    - *Submission of a police report should not be considered a substitute for responding to follow up affidavits received requesting signatures or other dispute documentation.*
6. If the Merchant for the transaction provides adequate documentation to deny your claim (within 30 calendar days of the provisional credit), then the provisional credit will be reversed and the dispute will be denied.
7. The typical timeframe for a disputed transaction to be considered complete with permanent credit on your account is within 60 calendar days from the date the completed Transaction Dispute Form is received.

Important Note: The transaction dispute process is **not** intended to dispute why a transaction was declined or submission of requests for additional documentation. Please contact the number on the back of your card if you have any questions.

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