



## Cardholder Statement of Dispute/Affidavit of Fraudulent Use

ATM/POS/DEBIT CARD/PCL

(Individual Consumer – Business – Partnership – Corporation)

Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Daytime Phone Number Where You Can Be Reached (w/area code): ( \_\_\_\_\_ ) \_\_\_\_\_

**PLEASE CHOOSE THE ONE SECTION WHICH BEST APPLIES TO YOUR DISPUTE (CHOOSE ONLY ONE)**

SECTION I\* I certify that the charge(s) listed on Page 2, Section B was/were not made by me, or by a person authorized by me to use my card, nor were the goods or services represented by the transaction(s) received by myself or a person authorized by me. **\*Selecting SECTION I requires the closure of the card.**

SECTION II Although I did engage in the transaction(s) listed on page 2, Section B, I dispute the entire charge or a portion of the amount of \$ \_\_\_\_\_. Please provide the following information using the comments section on Page 3:

1. COMPLETE description of merchandise or service.
2. SPECIFIC reasons for details as to why it was returned or cancelled.
3. Your EXPECTATIONS regarding the merchandise or service and why the merchandise or service fell below your expectations.
4. A copy of any credit slip or letter from the merchant, should you have one.

SECTION III I have contacted the merchant and requested a credit adjustment, which I did not receive or have received one that is not satisfactory. I spoke with \_\_\_\_\_ (name) on \_\_\_\_\_ (date).  
(PLEASE ELABORATE IN COMMENTS SECTION)

SECTION IV The credit slip was listed as a sale on my statement. (Credit slip attached)

SECTION V I received a credit slip on the transaction(s) listed on page 2, Section B, but it has not appeared on my statement. Attached is my copy.

SECTION VI The amount of the sale was altered from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Attached is my copy of the sales ticket before alteration.

SECTION VII I engaged in one transaction; however, I was charged for more than one.

ADVANCED LODGING DEPOSIT/GUARANTEED NO SHOW

SECTION VIII

I engaged in the transaction, but cancelled on \_\_\_\_\_ at \_\_\_\_\_ o'clock, cancellation number \_\_\_\_\_, or was not given a cancellation number.

I engaged in the transaction, but upon arrival, reserved accommodations were not available, credit was not issued.

I engaged in the transaction, but was not advised that I would forfeit my deposit if I failed to cancel or claim the reservation.

The guaranteed accommodations were used.

I neither participated in nor authorized the transaction.

SECTION IX I wish to cancel the research on this transaction.

Cardholder Signature (Not valid unless signed): \_\_\_\_\_ Date \_\_\_\_\_

Account Signer (Business Only): \_\_\_\_\_ Date \_\_\_\_\_

Send completed document by mail to:  
Huntington Bank  
7 Easton Oval EA4W61, Columbus, Ohio 43219  
Or by fax to: 1-877-211-1631  
Call toll free 1-800-480-BANK with any questions.



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**THIS FORM IS TO BE COMPLETED BY THE CUSTOMER**

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

A.) The undersigned, being duly sworn, deposes and says :

Individual/DBA I am (Printed Name) \_\_\_\_\_  
Who resides at (address) \_\_\_\_\_  
**Signature**

Partnership I am a partner of (name of Partnership) \_\_\_\_\_  
Which maintains its office at (address) \_\_\_\_\_  
**Signature**

Corporation I am the (title) \_\_\_\_\_  
Of (Name of corporation) \_\_\_\_\_  
which maintains its office at (address), \_\_\_\_\_  
and who owns account number \_\_\_\_\_  
**Signature**

B.)  The following transaction(s) were not conducted/authorized by me, and are unauthorized fraudulent transactions (**For Section I**):

I am disputing the following transactions (**for Sections II-VIII**):

- |     |                   |                                      |                                     |                              |
|-----|-------------------|--------------------------------------|-------------------------------------|------------------------------|
| 1.) | Date:             | _____                                | Amount:                             | \$ _____                     |
|     | Payee:            | _____                                | Sequence #:                         | _____                        |
|     | Transaction Type: | <input type="checkbox"/> ATM/PIN POS | <input type="checkbox"/> Debit Card | <input type="checkbox"/> PCL |
| 2.) | Date:             | _____                                | Amount:                             | \$ _____                     |
|     | Payee:            | _____                                | Sequence #:                         | _____                        |
|     | Transaction Type: | <input type="checkbox"/> ATM/PIN POS | <input type="checkbox"/> Debit Card | <input type="checkbox"/> PCL |
| 3.) | Date:             | _____                                | Amount:                             | \$ _____                     |
|     | Payee:            | _____                                | Sequence #:                         | _____                        |
|     | Transaction Type: | <input type="checkbox"/> ATM/PIN POS | <input type="checkbox"/> Debit Card | <input type="checkbox"/> PCL |
| 4.) | Date:             | _____                                | Amount:                             | \$ _____                     |
|     | Payee:            | _____                                | Sequence #:                         | _____                        |
|     | Transaction Type: | <input type="checkbox"/> ATM/PIN POS | <input type="checkbox"/> Debit Card | <input type="checkbox"/> PCL |

\*Additional transactions, if any, may be listed on additional pages attached hereto.

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C.) Comments/Transaction Description/Additional Transactions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.) The transaction(s) was/were done without my/the account owner’s knowledge or consent, and I/the account owner received no funds from the transaction or benefit from the transaction, nor have I/the account owner received any proceeds of the transaction or any part thereof. *(For Section I Fraud Disputes only)*

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E.) I have knowledge or believe that (name) \_\_\_\_\_ may have conducted this transaction. *(For Section I Fraud Disputes only)*

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F.) This Affidavit is made voluntarily and for the purpose of establishing that the transaction was unauthorized. I agree to cooperate with Huntington National Bank and law enforcement agencies in any investigation and will testify as requested in a court of law. *(For Section I Fraud Disputes only)*

**Signature:** \_\_\_\_\_  
Not valid unless signed by Cardholder

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Police Report Number: \_\_\_\_\_

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