*Please use this form if you are disputing a charge to your deposit account or ACH (electronic transfer) withdrawal transaction from your account with Continental Bank. We must receive your dispute in writing. Please print this form, select the dispute type that pertains to your specific situation, attach all supporting documentation (if applicable) and either mail, fax, or email to the address, number, or email below.*

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| --- |
| **ACCOUNT HOLDER INFORMATION** |

Date: Phone Number:

Account Holder Name: Account Number:

Address: City, State, Zip:

|  |
| --- |
| **DISPUTE DETAILS** |

ACH Transaction Information:

Date: Amount: Description:

Date: Amount: Description:

Date: Amount: Description:

Date: Amount: Description:

Date: Amount: Description:

Please indicate the reason for ACH dispute:

* I did not authorize the party listed above to debit my account.
* I revoked the authorization I had given to the party to debit my account before the debit was initiated.
* My account was debited before the date I authorized.
* My account was debited for an amount different that I authorized.
* My check was improperly processed electronically.
* Other (must specify) .

Provide reason the ACH is unauthorized in the space below:

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| --- |
| **WRITTEN STATEMENT UNDER PENATLY OF PERJURY AND SIGNATURE** |

I certify that I have marked the applicable reason for the disputed transaction(s) in this document and have supplied copies of all required documentation. I have attached any documentation supporting my claim (i.e. police report). The transaction(s) identified above were not originated with fraudulent intent by me or any person acting on my behalf. I neither conducted, authorized, nor benefited from these transactions. I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct. I further depose and certify that the transaction(s) indicated above were not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Account Holder Signature: Date:

**WHERE TO RETURN YOUR FORM?**

Address:

Continental Bank

15 W. South Temple Ste 300

Salt Lake City, UT 84010

Fax:

801-931-5226

Email:

cb-disputes@cbankus.com

|  |
| --- |
| **FOR OFFICE USE ONLY** |

Statement Taken By: Date: