

FLB Debit Cardholder Statement of Disputed Items – Multiple Fraud

Name: Date:		Date:
Card Number:		
Tran Date:	Tran Amount \$	Merchant:
Tran Date:		Merchant:
Tran Date:	Tran Amount \$	Merchant:
Tran Date:		Merchant:
Tran Date:	Tran Amount \$	Merchant:
Tran Date:	Tran Amount \$	Merchant:
		Merchant:
Tran Date:	Tran Amount \$	Merchant:
(date): My card was s I have not auth of my possess I have particip I, or someone transaction. T I am disputing	tolen on (date): norized or participated in this transision. ated in one transaction at the merc authorized by me was in possession.	chant location, but NOT the transaction listed. on and control of all cards at the time of the was \$ on (date) e explained the details below.
Signature:		Date:
Phone: Day: ()	Evening: ()	
		

Please send this form along with any other documentation required to the Chargeback Dispute Center. Fax the dispute to 405.286.0972 AND call 405.608.4500.