

Cardholder Dispute Form

Please use this form if you are disputing a charge to your Debit MasterCard®. We must receive your dispute in writing. Please print this form, attach all supporting documentation and either mail or fax all information to the address or fax number below. *Please make sure to sign and date this form.*

PART 1: OptumHealth Bank Contact Information

By Mail:

OptumHealth Bank
P.O. Box 271629
Salt Lake City, UT 84127

By Fax:

1-877-296-1059

Questions?

Please refer to the phone number on the back of your Debit Card.

Customer care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

PART 2: Cardholder Information – Provide card information for all cards associated with your account

Please Print

Cardholder # 1 Name: _____

Cardholder # 2 Name: _____

Address: _____

City/State/ZIP _____

Phone: _____ Work Phone: _____ Cell: _____

Cardholder #1 Card Number: _____

Cardholder #2 Card Number: _____

Bank Account Number: _____

PART 3: Description of Dispute – Required

Please carefully read each of the following descriptions and check the most appropriate situation that fits your particular dispute. Your dispute must be filled out completely and mailed or faxed to OptumHealth Bank within 60 calendar days from the statement date where the transactions first occurred.

1. Circle One: Lost or Stolen or Other (Explain) _____

2. Explain the circumstances surrounding the lost or stolen card (use back of page for additional space):

3. When was the last time you used your card?
Date: _____ Time: _____ Location: _____ Amount: _____

4. Explain how you became aware of the unauthorized activity:

5. To the best of my knowledge, my card was (initial appropriate box)
() Lost by me on _____
() Never received by me
() Stolen from me on _____
() In my possession when the disputed transaction(s) occurred
() Other (please explain) _____

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6. The transactions listed below were not made or authorized by me, or made by any person to which I have at any time made available my card and I have not benefited from these transactions.

Date	Amount	Description

7. I have not made my card available to anyone other than the following persons:
 Name: _____ Relationship: _____
 Address: _____ Telephone: _____

8. () Have you filed a police report () Yes (attach copy) () No (You may be required to file a police report if you have not already done so).

9. () My debit card is still in my possession and I have no knowledge of who may have used my debit card to enter into this transaction.

10. () If none of these reasons apply: Please print this form and provide a complete description of the problem. Please enclose any documentation that may support your claim. (A copy of your bank account statement with the purchase in question circled is **REQUIRED**)

11. () I received my monthly statement and the amount I purchased differs from the amount billed by the merchant. Before disputing a charge, you must make every effort to resolve with the merchant. (A copy of your bank account statement with the purchase in question circled, sales slip and/or packing invoice for mail orders is **REQUIRED**)

12. () I received a credit slip from the merchant and the credit has not appeared on my statement. (A copy of your bank account statement with the purchase in question circled and the credit slip is **REQUIRED**)

13. () I did authorize the sale, HOWEVER: I have not received the expected services. Before disputing a charge, you must make every effort to resolve with the merchant. (**Explain in Full**)

14. () Only one sale was authorized. The amount in question is a duplicate of a sale, which was charged to my account on _____. (A copy of your bank account statement with transaction in question circled is **REQUIRED**)

PART 4: Cardholder Affidavit and Authorization

I have marked the applicable reason for the disputed transaction and have supplied copies of all required documentation. I have attached any documentation supporting my claim (i.e. police reports).

The transaction(s) described 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. This affidavit is made for submission to OptumHealth Bank for use as part of its investigation of my claim that my account should not be debited for the transaction(s) listed above. I hereby authorize OptumHealth Bank investigators and law enforcement officials to investigate all circumstances concerning the(se) transaction(s). I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct.

Signature: All Cardholder's associated with the account MUST sign

X _____
 Cardholder #1 Signature

 Today's Date

X _____
 Cardholder #2 Signature

 Today's Date