EFT Dispute
University of Delaware

Required Information:

Account Holder(s): _____

Address: _____

Daytime Phone: (___) _____ Email Address: _____

Card Number: _____

Account Number: _____

Transaction Information:

Date	Amount	Transaction Description/ATM Location

*To list more transactions, please attach additional paper

Please Complete The Following:

☐ ATM/UD#1 Transaction ☐ Visa® Signature Transaction ☐ ACH Transaction

Has this account accrued bank fees due to transaction in question? No (Y/N)

ATM or Visa Transaction

Is the card lost or stolen? _____(Y/N)

Has it been reported lost or stolen? _____(Y/N)

Please call 1-888-WSFS-Bank to report card lost or stolen

Have you **EVER** given your **CARD or PIN** to anyone else for any reason?
If so, please note to whom the number was given, when and why. _____ **Customer Initials**

Please Submit Detailed Description Of Dispute:

_____

_____

_____

_____

_____

_____ _____
Signature of Account Holder Date

Please submit request via WSFS Drop Box in the Trabant University Center
Or Mail to: WSFS Bank, Attn: Customer Service, P.O. Box 1889, Wilmington, DE 19899

*You will receive email notification upon receipt of dispute. If you do not receive this correspondence, please contact Customer Service at (302) 792-6000 or 1-888-WSFSBANK.

FOR BANK USE ONLY **Received by:** _____ **Date:** _____