Claim Related Questions	
Complete the template with the most recent information matching to your prepaid debit card account	
First Name	
Last Name	
Address	
City	
State	
Zip code	
Email	
Phone Number	
Last 4 digits of SSN	
Prepaid Card Number (if available)	
If you've recently changed your address, please provide your previous address	
Address	
City	
State	
Zip code	
Only complete the section that applies to your request	
Status of Debit Card/Transaction Claim	
What is the 12-digit claim number that you would like the status of?	
What is the approximate date the claim was requested?	
What is the approximate claim amount of this claim?	
If you would like the status of an additional claim(s), provide all the above information for each claim	
New Debit Card/Transaction Claim	
Did you receive the card?	
Was the card stolen?	
Do you have other items lost or stolen? If so, please provide details	
Where do you keep your card?	
Where do you keep your PIN?	

Have you ever allowed or given permission to anyone else to use your card?	
Do you suspect that these transactions were performed by someone you know or that you have been in contact with? If yes, please provide details	
Are you willing to assist in the investigation and prosecution of the perpetrator if we are able to identify them?	
What was the last transaction you remember making with your prepaid debit card?	
Merchant Name	
Transaction Amount	
Transaction Date	
Please provide a list of transactions you would like to dispute. Include Merchant Name, Transaction Date, and Transaction Dollar Amount for each transaction.	
Have you done business with these merchants before?	
What is the reason for your dispute with these merchants?	
Was this transaction at an ATM?	
Did you receive the dollar amount requested?	
Reconsideration of Denied Debit Card/Transaction Claim	
Note: Have supporting documentation ready to upload/attach. If documents apply to multiple claims, please list the applicable claim numbers on/in the documents. Please submit request within 60 days of previous denial.	
Please provide the claim number that you would like reconsidered	
Do you have new information to provide which may help in re-decisioning the claim? If so, please provide details.	
Status of Check Fraud Claim	
What is the claim number you would like the status of?	
What is the approximate amount of this check?	
If you would like the status of an additional check fraud claim(s), provide all the above information for each claim	
New Check Fraud Claim	

Please provide the check number, if available	
What is the amount of the check that was issued?	
Reconsideration of Denied Check Fraud Claim	
Note: Have supporting documentation ready to upload/attach. If documents apply to multiple checks, please list the applicable check numbers on/in the documents.	
What is the claim number of the claim you would reconsidered?	
What is the approximate amount of the check fraud claim?	
Do you have new information to provide which may help in re-decisioning the claim? If so, please provide details	
Request for documentation on a denied/partially denied claim	
What is the claim number?	
If you have any additional denied/partially denied claims you would like documentation for, please provide the claim number(s)	