



# ACH DISPUTE FORM

## Bank Customer Information

Bank Customer Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Bank Customer Email Address: \_\_\_\_\_

Spending Account Member Information (if applicable):

Member Name: \_\_\_\_\_ Spending Account Member Number or SSN: \_\_\_\_\_

## Banking Information

Checking  Savings

Bank Name: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Bank ABA Routing Number: \_\_\_\_\_

(The ABA routing number is the nine digit number located it the bottom left corner of your check)

Bank Account Number: \_\_\_\_\_

I did not authorize Further c/o CareFirst to debit my bank account

I did contact my bank to dispute the ACH transfer with my bank

## ACH Transaction Dispute

The following ACH transactions were not authorized:

Account Number:	Date:	Debit Amount:

## Signature

I give my consent to Further c/o CareFirst to release any information on to any Federal, State, County or municipal law enforcement agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions?** Call Member Services at 1-866-758-6119.

**Send via secured email only:**  
CareFirstDocuments@HelloFurther.com

**Fax to:**  
866-231-0214

**Mail to:**  
Further c/o CareFirst  
PO Box 982814  
El Paso, TX 79998-2814