

CARDHOLDER DISPUTE FORM

Cardholder Name _____

Card Number _____

Transaction Date _____ Merchant Name _____

Transaction Amount \$ _____ Dispute Amount \$ _____

Cardholder Signature_____
Date**Please check the appropriate box below that matches your dispute type the closest. Your signature above is required.**

Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions below. **The required fields per dispute type are marked with an asterisk (*)**. Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.

 Transaction not recognized by cardholder **Cancellation dispute**Were you advised of any cancellation policy? yes no (if yes, explain below) _____

* Date of cancellation: _____ Spoke with: _____

* Cancellation number: _____

* Reason for cancellation: _____

 I canceled this recurring transaction with the merchant on (date): _____ how _____* **Describe your attempt to resolve with the merchant:** _____ **Returned merchandise dispute**

* Date returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Authorization Number (RMA): _____

* Shipping Company: _____ Tracking number: _____

* Reason for return: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

* Date of credit slip: _____ Invoice/receipt number of the credit: _____

* **Describe your attempt to resolve with the merchant:** _____ **I was charged two or more times for the same transaction**

Date of first charge: _____ Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

* **Describe your attempt to resolve with the merchant:** _____ **I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it**

Transaction reference number: _____

 I made a single attempt and did not receive cash I made multiple attempts and only received cash on one of those attempts Other: _____

I paid for these goods or services by other means

check cash other Bank Card Other: _____

* **Describe your attempt to resolve with the merchant:** _____

Note: if selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

Non-receipt of goods or services

* Tickets Merchandise not received Service not received

* **I expected delivery/services on (date):** _____

* Merchant unwilling or unable to provide service: yes no (if yes, explain) _____

* **Describe your attempt to resolve with the merchant.** _____

* Merchant Response: _____

* If no merchant response, explain: _____

A credit transaction posted as a debit in error

* A credit for \$ _____ was posted to my account as a debit.

- You must supply a copy of the credit receipt received from the merchant.

* **Describe your attempt to resolve with the merchant:** _____

Incorrect transaction amount

* The amount of this transaction posted for \$ _____ but should have posted for \$ _____

- If available please supply a copy of your receipt.

* **Describe your attempt to resolve with the merchant:** _____

Quality of services or goods, defective merchandise or not as described

- Describe the difference between what was ordered and what was received or provide copy of written purchase order. What was defective or why the purchase is unsuitable for your needs. _____

• Date cardholder received merchandise or service _____

• Date services cancelled: _____ How? _____

• Date merchandise returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Auth. #: _____

* Shipping Company: _____ Tracking number: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute.

* **Describe your attempt to resolve with the merchant:** _____

Additional information: Please use an additional sheet of paper, if necessary

