

**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 disputeWere 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 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.

\*Date services cancelled: \_\_\_\_\_ How? \_\_\_\_\_

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

\* (asterisk) Denotes required information for the dispute