

**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.**

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.

**CARD RULES GOVERNING THESE DISPUTES REQUIRE THAT YOU ATTEMPT TO RESOLVE YOUR DISPUTE WITH THE MERCHANT BEFORE COMPLETING THIS FORM. YOU MUST INCLUDE THE EVIDENCE OF YOUR ATTEMPT AND A DETAILED ACCOUNT OF THE SITUATION AS TO WHY THE MERCHANT WAS UNWILLING OR UNABLE TO RESOLVE THE ISSUE.**

**Cancellation dispute**

\* Were you advised of any cancellation policy?    yes    no (if yes, explain below) \_\_\_\_\_

\* Date of cancellation: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Cancellation number: \_\_\_\_\_ \* Is this a recurring transaction:    yes    no

\* Reason for cancellation: \_\_\_\_\_

\* Description of merchandise or service: \_\_\_\_\_

\* Expected date of receipt of merchandise or service: \_\_\_\_\_

\* Was a credit voucher, voided transaction receipt or refund acknowledgment given?    yes    no If yes, please provide a copy of the credit voucher which includes: Date of credit voucher, voided Transaction receipt or refund acknowledgment.

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

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

\* What was the merchant's response? \_\_\_\_\_

**Returned merchandise dispute**

\*Description of merchandise: \_\_\_\_\_

\*Date returned: \_\_\_\_\_ \*Method of return: \_\_\_\_\_ 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: \_\_\_\_\_

**Returned merchandise dispute (continued...)**

**\* Did the merchant refuse to accept returned merchandise or provide a return authorization?**

**\*Select One:**

Merchant refused to provide return authorization

Merchant refused to accept returned merchandise

Merchant informed you not to return the merchandise

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

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

\* What was the merchant's response? \_\_\_\_\_

**I was charged two or more times for the same transaction**

Date & amount of first/valid charge: \_\_\_\_\_

Date & amount of second charge: \_\_\_\_\_

Date & amount of third charge: \_\_\_\_\_

Date & amount of fourth charge: \_\_\_\_\_

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

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

\* What was the merchant's response? \_\_\_\_\_

**I did not receive cash from an ATM withdrawal attempt but was charged as if I received it**

Transaction reference number: \_\_\_\_\_ (as applicable) Date: \_\_\_\_\_

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on the 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> attempt.

Other: \_\_\_\_\_

**I made a deposit but my account was not credited**

Transaction reference number: \_\_\_\_\_ (as applicable) Deposit date: \_\_\_\_\_

\* I made a deposit using Cash Check Disputed amount \$ \_\_\_\_\_

If check: Payee name \_\_\_\_\_

**I paid for these goods or services by other means**

Check Cash Other Bank Card Other: \_\_\_\_\_

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

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

**I paid for these goods or services by other means (continued...)**

\* What was the merchant's response? \_\_\_\_\_

\*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

\*Describe in detail what service or merchandise was ordered: \_\_\_\_\_

\* I expected delivery/services on (date): \_\_\_\_\_ Expected time at: \_\_\_\_\_

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

\* Did you cancel the merchandise/service prior to delivery date?      yes      no (if yes, explain) \_\_\_\_\_

\* Is this pre-paid merchandise/service where the balance was not paid and the merchant can provide the goods or service?      yes      no

\* Was the merchandise delivered late or to the wrong location?      yes      no

If yes, provide date and location where the merchandise was delivered \_\_\_\_\_

Did the cardholder return the merchandise?      yes      no      If yes, date returned: \_\_\_\_\_ Return Method: \_\_\_\_\_

Did the merchant provide return instructions?      yes      no      If yes, what were the instructions? \_\_\_\_\_

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

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

\* What was the merchant's response? \_\_\_\_\_

**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:**

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

\* What was the merchant's response? \_\_\_\_\_

**Incorrect Transaction Amount**

\* The amount of this transaction posted for \$ \_\_\_\_\_ but should have posted for \$ \_\_\_\_\_ (cannot be \$0.00)

- If available, please supply a copy of your receipt.

\* Is this a no-show transaction or pre-payment transaction and balance not paid?      yes      no

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

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

\* What was the merchant's response? \_\_\_\_\_

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

\* Description of merchandise/service purchased \_\_\_\_\_  
\_\_\_\_\_

\* Describe in detail the difference of what was ordered, what was defective or why it is unsuitable for your needs from the merchandise/service received \_\_\_\_\_  
\_\_\_\_\_

\* Date I 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.

**\*Did the merchant refuse to accept returned merchandise or provide a return authorization?**

**\*Select One:**

Merchant refused to provide return authorization

Merchant refused to accept returned merchandise

Merchant informed you not to return the merchandise

For service dispute:

\* Date services cancelled: \_\_\_\_\_ How was service canceled? \_\_\_\_\_

\* Did the cardholder pay to have the work redone? \_\_\_\_\_

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

\* Date of most recent contact: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Contact method: \_\_\_\_\_

\* What was the merchant's response? \_\_\_\_\_

**Counterfeit Merchandise**

\* Description of merchandise purchased \_\_\_\_\_

\* Describe how the item was identified as counterfeit \_\_\_\_\_  
\_\_\_\_\_

\* Current location of merchandise \_\_\_\_\_

\* Was the cardholder advised by an authorized party that the merchandise was counterfeit?  yes  no

\* Date the cardholder received the merchandise or received notification that the merchandise was counterfeit \_\_\_\_\_

\* Provide information about the entity that indicated the merchandise to be counterfeit \_\_\_\_\_  
\_\_\_\_\_

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

\* (asterisk) Denotes required information for the dispute