

Cardholder Name	<input type="text"/>	Card Number	<input type="text"/>
Member Number	<input type="text"/>	Merchant Name	<input type="text"/>
Mailing Address	<input type="text"/>	Transaction Date	<input type="text"/>
City, St, & Zip	<input type="text"/>	Transaction Amount	<input type="text"/>
Member Phone #	<input type="text"/>	Dispute Amount \$	<input type="text"/>

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. If you believe your card number has been compromised, please refer to the Cardholder Affidavit of Fraud form.

Cancellation dispute

Were you advised of any cancellation policy? Yes No

* Date of cancellation

* Spoke with

* Cancellation number

* Reason for cancellation

Please explain:

I cancelled this recurring transaction with merchant

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

* Describe your attempt to resolve with the merchant

* Date of first charge

* Date of second charge

Date of third charge

Date of fourth charge

VISA® card number

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

*Note: If selecting this dispute reason, please provide a copy of proof or 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.

Check Cash Other Bank Card Other

* Describe your attempt to resolve with the merchant

Non-receipt of goods or services

Select One

Merchandise not received

Service not received

* What service or merchandise was ordered?

* 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 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

*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

Select One

Merchandise was defective or not as described

Service was defective 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

*(asterisk) Denotes required information for the dispute

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