

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 2nd 3rd 4th 5th 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

You may send completed form through:

Fax: 303-389-7324

Mail: Cardmember Services Center, Dispute Processing, P.O. Box 636001, Highlands Ranch, CO 80163-6001