

# Cardholder Dispute Form

Member Name: \_\_\_\_\_

Card number: \_\_\_\_\_

Transaction date: \_\_\_\_\_ Merchant name: \_\_\_\_\_

Transaction amount: \$ \_\_\_\_\_ Dispute amount: \_\_\_\_\_

Please check the appropriate box below that matches your dispute type the closest. Your signature is required at the bottom of the form. 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.

**Cancellation dispute:**

• Were you advised of any cancellation policy? Yes No (if yes, explain below)

\_\_\_\_\_

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

Cancellation number: \_\_\_\_\_ Reason: \_\_\_\_\_

I canceled this recurring transaction with the merchant on (date): \_\_\_\_\_ how \_\_\_\_\_

**Returned item dispute:**

• \* Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

If mailed, Return Merchandise Authorization Number (RMA): \_\_\_\_\_

\* Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

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

\* Date of credit: \_\_\_\_\_ Invoice/receipt number of the credit: \_\_\_\_\_

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

On (date): \_\_\_\_\_ \*Merchant's Response: \_\_\_\_\_

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

Date of first charge: \_\_\_\_\_

Date of second charge: \_\_\_\_\_

Date of third charge: \_\_\_\_\_

**I did not receive cash from an ATM withdrawal attempt**

• 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: (circle one, if other explain)**

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

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

On (date): \_\_\_\_\_ \*Merchant's Response: \_\_\_\_\_

• If selecting this dispute reason, you must supply a copy of proof of that payment. Proof can include other account statement, copy of the front and back of a canceled check or a cash receipt.

Date Received \_\_\_\_\_

Staff Initials \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

**Non-receipt of goods or services:**

Tickets / merchandise not received. I expected delivery/services on (date): \_\_\_\_\_

Merchant unwilling or unable to provide service – explain below in the ADDITIONAL INFORMATION area.

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

On (date): \_\_\_\_\_ \*Merchant's Response: \_\_\_\_\_

\_\_\_\_\_

I have not attempted to resolve with the merchant and why:

**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.

**Incorrect transaction amount**

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

• You must supply a copy of your receipt showing the correct amount.

**Quality of services or goods dispute**

• Describe the difference between what was ordered and what was received. What was defective or why the purchase is unsuitable for your needs.

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

• \* Date 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:

\* Date of credit: \_\_\_\_\_ Invoice/receipt number of the credit: \_\_\_\_\_

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

**Additional information or comments:**

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

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Date Received \_\_\_\_\_

Staff Initials \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_