

**Cardholder Dispute Letter**

<b>Name:</b>	<b>Home Phone:</b>
<b>Street Address:</b>	<b>Work Phone:</b>
<b>City, State, Zip:</b>	<b>Card Number:</b>
<b>Email:</b>	<b>EMV Chip Card? Yes <input type="checkbox"/> No <input type="checkbox"/></b>

Type of Loss:     Lost             Stolen             Card was in my possession at the time the transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):

Merchant Name:	Amount:	Transaction Date:

I have listed additional disputes on page 3 of this form.

The following selection explains my dispute. Select only one box to indicate this is either a fraud or non-fraud dispute.

**FRAUD DISPUTE – CARDHOLDER IS NOT REQUIRED TO ATTEMPT TO CONTACT MERCHANT**

I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. Card will be blocked.

**NON-FRAUD DISPUTE – CARDHOLDER IS REQUIRED TO ATTEMPT TO CONTACT THE MERCHANT TO REMEDY DISPUTE**

I certify that I participated in the above transaction but have not received the merchandise/service. I purchased: \_\_\_\_\_

Provide details about the merchandise or service you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant in the Additional Details area of this form.

I certify that I participated in the above transaction but returned the merchandise or canceled services on \_\_\_\_\_ (date) per the merchant’s instructions and have not received credit. Merchant cancellation policies may apply. Provide full details in the Additional Details area of this form.

I contacted the merchant on \_\_\_\_\_ (date) and cancelled the monthly recurring transaction. Merchant cancelation policies may apply. Provide full details in the Additional Details area of this form.

I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a copy of the credit slip.

I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount is \_\_\_\_\_ and date it was authorized is \_\_\_\_\_.

I certify that this transaction was paid by other means. Proof of payment by other means must be provided.

I certify that an incorrect amount was processed by the merchant. The correct amount is \_\_\_\_\_. Proof of correct amount must be provided.

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- The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the Additional Details area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response.
- The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the Additional Details area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.

Attempt to Resolve Information

In dispute cases *except* those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Describe your attempt to resolve here.

- I have attempted to resolve with the merchant.  Yes  No
- Date of contact: \_\_\_\_\_
- Contact method:  Telephone  E-mail  In-person  Other – Describe in Additional Details
- Merchant's response: \_\_\_\_\_
- If no attempt, why not?  
\_\_\_\_\_  
\_\_\_\_\_  
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Additional Details:

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Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>FI Internal Use Only:</b>
If applicable, date the card was blocked: _____

