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Cardholder Non-Fraud Transaction Dispute Form

Instructions for filing a dispute:

Please note: this form is only to be used to dispute transactions that you believe to be in error and <u>not fraudulent</u>. If you are disputing transactions that you believe to be fraudulently appearing on your account, please use the Cardholder Fraud Transaction Dispute Form.

- To submit a dispute using this form, please make sure that you complete all information for the appropriate dispute reason. Any missing information will cause a delay in the processing of your dispute.
- 2. The form can be completed by filling it out online or by hand and then printing it.

Today's (claim) date: (MM/DD/YYYY)			
Cardholder Name			
Card Number			
Transaction Date	Merchant Name		
Transaction Amount \$	Dispute Amount \$		
Ca	rdholder Signature	Date	

Click a link below and check the box that most closely matches your dispute type. Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions.

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.

I do not recognize this transaction

Cancellation dispute

Returned merchandise dispute

I paid for these goods or services by other means

Non-receipt of goods or services

A credit transaction posted as a debit in error

Incorrect Transaction Amount

I was charged two or more times for the same transaction

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

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

Deposit Dispute

Need additional information from the merchant to identify the transaction. Do no use this reason if the transaction is confirmed to be fraudulent.		
Cancellation Dispute		
Were you advised of any cancellation policy? Yes No (If yes, explain)		
* Date of cancellation: Spoke with:		
* Cancellation number:		
* Reason for cancellation:		
* 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:		
* 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 cardholder not to return the merchandise		
* Describe your attempt to resolve with the merchant:		

I paid for these goods or services by other means
* Select one:
Check Cash Cother bank card Cother
* Describe your attempt to resolve with the merchant:
*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
* Select one: Merchandise not Received Service not Received
* Describe in detail 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 in error
* A credit for \$ was posted to my account as a debit.
You must supply a copy of the credit received from the merchant.
* Describe your attempt to resolve with the merchant:
Incorrect Transaction Amount
* The amount of the 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:

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I was charged two or more times for the sa	ame transaction			
* Date of first charge:	Date of second charge:			
Date of third charge:	Date of fourth charge:			
* Describe your attempt to resolve with the merchant:				
I did not receive cash from an ATM withdra	awal attempt but was ch	arged as if I did receive	e it	
Transaction reference number: * Select one: I made a single attempt and did not recei I made multiple attempts and only receiv Other	ed cash on one of those atten			
Quality of services or goods, defective me				
* Select one: Merchandise was defective or * Describe the difference between what was order received or provide copy of written purchase or defective or why the purchase is unsuitable for	ered and what was der. What was your needs.	vice was defective or not as		
* Date cardholder received merch. or servic	e: Date merch	andise returned:	Date receive	d by merchant:
If mailed, Return Merchandise Auth. #: * Shipping Company:		Tracking number	er:	
If you have a credit slip or voucher or a refu * Date services cancelled: * ** * *	nd acknowledgement that ha	s not posted please provid	le with dispute.	
* Did the merchant refuse to accept returned	ed merchandise or provide	a return authorization?		
* Select one: Merchant refused to provide return authorization Merchant refused to accept returned merchation Merchant informed cardholder not to return the	tion	ribe your attempt to reso	lve with the merc	nant:

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Deposit performed but not processed, or processed incorrectly	You participated in the transaction, but did not receive the funds or did not receive the correct amount of funds. (Dispute amount is limited to the amount of funds not received.)
ransaction reference number: * Date of transaction	on:
Did not receive the correct amount of funds.	not receive the funds eived a partial amount of \$
For Institution Use Only	
No documentation received for deposit return item	
Issuer did not receive returned item documentation within 10 calendar days of returned	d item adjustment transaction date.
Transaction reference number: * Date	e of transaction:
Deposit Dispute, invalid adjustment A Deposit Adjustment is disputed by the Cardholder or Issuer. Please provide details * Select one:	for the checked item below
Adjustment contains invalid data such as:	
Incorrect account numberNon-matching account number	
Cardholder disputes validity of Adjustment due to the amount of Adjustment, or original Transaction was cancelled and reversed	the
Adjustment processed beyond 45 days from Transaction Date	
Adjustment processed more than once	