

# Non-Fraud Cardholder Dispute Form

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Transaction Amount \_\_\_\_\_ Dispute Amount \_\_\_\_\_

Merchant Name \_\_\_\_\_ Transaction Date \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature (Required)

\_\_\_\_\_  
Date

Please check the one box below that matches your dispute type. 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.

## [ ] Cancellation Dispute

Were you advised of any cancellation policy?  yes  no (if yes, explain below)

\_\_\_\_\_

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

\* Cancellation number: \_\_\_\_\_

\* Reason for cancellation: \_\_\_\_\_

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

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

\_\_\_\_\_

## [ ] Returned Merchandise Dispute

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

\* If mailed, include RMA number (Return Merchandise Authorization): \_\_\_\_\_

\* 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**

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 withdrawal attempt but was charged for that 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 a Other: \_\_\_\_\_

\_\_\_\_\_

**I paid for goods and services by other means**

check       cash       other bank card       other \_\_\_\_\_

\* 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 cash receipt.

**Non-receipt of goods or services**

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

merchant unwilling or unable to provide service

Have you attempted to resolve the issue with the merchant?

yes, spoke with: \_\_\_\_\_ \* Date: \_\_\_\_\_

\* Response: \_\_\_\_\_

no, reason: \_\_\_\_\_

Detailed description of goods or services expected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Incorrect transaction Amount**

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

Do you have documentation (proof) of the correct transaction amount? \_\_Y\_\_N

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

\_\_\_\_\_

[ ] **Quality of Goods and Services**

Note: If selecting this dispute reason, you may be required to supply a letter on company letterhead from a second expert that describes the lack of quality or service.

\* Describe the difference between what was ordered and what was received. Describe what was defective or why the purchase is unsuitable for your needs: \_\_\_\_\_  
\_\_\_\_\_

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

If mailed, supply 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: \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR FINANCIAL INSTITUTION USE ONLY

Form Completed by: \_\_\_\_\_

Employee/Branch

Account Number: \_\_\_\_\_ Port \_\_\_\_\_ Date: \_\_\_\_\_

***The issuer certifies that this electronic signature was obtained from this cardholder via a secure authenticated online banking session.***

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