

Cardholder Dispute Letter

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

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 cancelation 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.

