

Purchase Dispute Form

Debit Card Number _____ Cardholder Name _____

Cardholder Phone Number _____ Disputed Amount _____ Post Date _____

Merchant Name _____ Disputing more than one item? Yes _____ No _____

If Yes, then this is number _____ of _____ (e.g., 1 of 3) **Only one transaction per form.**

Email Address _____

Signature (Required) _____

Before disputing a charge, you must make every effort to resolve the dispute with the merchant.

Select Type of Dispute

- Did not recognize** - Please attempt to contact the merchant prior to disputing the charge.
- When did the Cardholder contact the Merchant? _____
 - What was the outcome of the merchant contact? _____
- I was billed twice for a single purchase** - Cardholder certifies one transaction is valid, but posted more than once. **All cards issued to me are in my possession.**
- Valid Transaction _____ Post date _____
 - Invalid Transaction _____ Post date _____
- Membership Cancellation** – Please enclose copy of **letter, email or fax** informing the merchant of cancellation.
- When did the cardholder contact the merchant? _____
 - Reason for cancellation? _____
 - Date of cancellation _____ Cancellation Number _____
 - Were you advised of a cancellation policy? Yes _____ No _____
 - If yes, what were you told? _____
- Merchandise was returned** - You **must** attempt to return merchandise prior to exercising this right. **Please attach signed proof of return or credit slip.**
- What was ordered? _____
 - What was received? _____
 - Reason for returning? _____
 - Was merchandise suitable for the purpose intended? _____
 - Merchant's response? _____

- I did not receive the merchandise** - Please contact the merchant and notify us of the outcome.
- When did the Cardholder contact the merchant? _____
 - What was the outcome of the merchant contact? _____
 - What was the expected delivery date? _____ Pickup date? _____
 - Did the Cardholder cancel with the merchant? Yes ____ No ____
If yes, when? _____ How? _____
 - What was the merchandise that was ordered? _____
- I was overcharged for the purchase** - Please include a copy of the signed sales receipt.
- My credit posted as a sale** - Attach a copy of the credit slip and the original sales slip.
- The credit did not post to my account** - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.
- I paid by other means** - You **must** provide proof of payment by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.
- When did the Cardholder contact the merchant? _____
 - What was the outcome of the merchant contact? _____
- I was charged for a hotel room, which I cancelled** - Cancellation number is **required**.
- Were you advised of a cancellation policy? Yes ____ No ____
 - If yes, what was the policy? _____
 - Cancellation number _____ (required) Cancel date _____
 - Copy of phone bill showing you contacted the merchant to cancel.
- Service Dispute** - Please describe the nature of your dispute and your attempts at resolution on a **separate sheet of paper and attach to this form**. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.
- I did not authorize this charge** - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen.
- If this was for a hotel room, did you request a reservation? Yes ____ No ____
 - If yes, this is not an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.

Other - Please enclose a detailed description on a separate sheet and attach it to this form.