



Debit Card Number (16-digits)	Cardholder Name	Account Number
Merchant Name		
Transaction Amount	Dispute Amount	Transaction Date
Disputing more than one item?		
☐ Yes ☐ No If Yes, th	is is number of (e.	g. 1 of 3) Only one transaction per form
Signature		Date
For all disputes: You <u>must</u> make contact	•	•
	•	
Merchant response:		
I am disputing the above charge due to	o the following reason (choo	se only one):
☐ Non-Receipt of Merchandise. Please	e contact the merchant and no	tify us of the outcome.
What merchandise was ordered?		
What was the expected delivery date	?	
When did the cardholder contact the	merchant?	
What was the outcome of the mercha	nt contact?	
Did the cardholder cancel with the me	erchant? \square Yes \square No If yes,	when?
☐ Merchandise/services are not as de	scribed/defective.	
☐ Please enclose all related docum	entation (letter, email, invoice	, singed proof of return, credit slip, postal receipt
etc.).		
What merchandise was ordered?		
What was expected and how did it dif	fer from those expectation?	
Description of damage:		
When did the cardholder contact the	merchant?	
What was the outcome of the mercha	nt contact?	
Were you required to return any prod	ucts? □ Yes □ No D	id you return any product(s)? ☐ Yes ☐ No
Return Method: ☐ in person ☐ FedEx ☐ UPS ☐ DHL ☐ US Postal ☐ Other, explain		

☐ Returned Merchandise. You must attempt to return the merchandise prior to raising the dispute.		
☐ Please enclose: Proof of return or credit slip		
What merchandise was ordered?		
Date merchandise returned:		
Reason for return:		
Return method: □ in person □ FedEx □ UPS □ DHL □ US Postal □ Other, explain		
☐ Duplicate Charge. The cardholder certifies one transaction is valid but posted more than one.		
Valid transaction amount: Post Date:		
Invalid transaction amount: Post Date:		
☐ Incorrect Amount Charged.		
☐ Please enclose: Copy of the singed sales receipt or invoice showing what you should have been charged		
Authorized amount: Amount charged/posted:		
☐ Credit did not post to my account, AND it has been more than 15 days since the Merchant promised credit.		
☐ Please enclose: Copy of credit slip, voucher, or a refund acknowledgement from the merchant		
☐ Cancellation		
☐ Please enclose: Copy of the letter, email, or fax informing the merchant cancellation		
Cancellation methods: □ in writing □ in person □ by phone □ by email		
Reason for cancellation:		
Cancellation date: Cancellation number:		
☐ Free Trial Offer.		
☐ Please enclose: Copy of the letter, email, or fax informing the merchant cancellation		
Method of enrollment: ☐ Mail ☐ Phone ☐ Online		
Free trial enrollment date:		
Free trial offer was good through:		
Did you follow the merchant's cancellation policy? : \square Yes \square No		
Cancellation date: Cancellation number:		
Did you receive any product(s)? ☐ Yes ☐ No		
Were you required to return any products? ☐ Yes ☐ No Did you return any product(s)? ☐ Yes ☐ No		
Proof of return: Provide a copy of the postal receipt or tracking number.		
☐ Paid by other means. You must provide proof of paid by other means, such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another card.		
☐ Other. Please include a detailed description of your dispute, and the steps taken to resolve it with the merchant on a separate sheet and attach it to this form.		
Internal Use Only		
Network: □ VISA □ MASTERCARD □ INTERLINK □ PLUS □ PULSE □ CIRRUS □ NYCE □ ACCEL □ STAR		