



CUSTOMER DISPUTE REQUEST - #513

Card Number: _____ Date of Hot-Card w/ Pickup Response: ___/___/___

Cardholder Name: _____

Phone: _____ Date of Last Valid Transaction: ___/___/___

DISPUTED TRANSACTION(S)

DATE	\$ AMOUNT	MERCHANT INFORMATION

I have attempted in good faith to resolve this dispute with the merchant. No Yes (include details below.)

At the time of the transaction, the card was: Lost Stolen In My Possession

CATEGORY - Check one category that best describes your dispute for the transaction(s) listed below.
Please note: Complete a separate form for each transaction if more than one category applies.

<input type="checkbox"/> Unauthorized/Counterfeit Chip Transaction I didn't authorize or engage in the transaction. The card is hot-carded.	<input type="checkbox"/> Credit Slip Issued and Not Processed I was issued a credit receipt that didn't post to my account. A copy of the credit receipt is enclosed with this form.
<input type="checkbox"/> Returned Merchandise I returned merchandise to merchant on ___/___/___. Copy of the delivery carrier receipt is enclosed.	<input type="checkbox"/> Cancelled Services/Merchandise/Reservation Cancelled on ___/___/___ . However, the merchant continues to bill me. Cancellation #: _____.
<input type="checkbox"/> Debit Card Account Billed Twice I was incorrectly charged \$ _____ on ___/___/___. The correct transaction for \$ _____ posted on ___/___/___.	<input type="checkbox"/> Paid By Other Means I paid for this transaction using cash, check or another bank card. A copy of my receipt, canceled check or other bank card statement is enclosed.
<input type="checkbox"/> Defective Merchandise/Not As Described Merchandise arrived broken, defective, or otherwise unsuitable OR was not as described by the merchant. The merchant's ad & letter of what was expect are enclosed. I returned or tried to return merchandise on ___/___/___.	<input type="checkbox"/> Incorrect Amount Billed \$ _____, but the correct amount is \$ _____. Evidence of correct amount is inclosed.
<input type="checkbox"/> Merchandise or Service Not Received I didn't receive the merchandise or services I expected to receive on ___/___/___ . A detailed description of the merchandise/service purchased is enclosed.	<input type="checkbox"/> Non-recognition - I do not recognize this transaction. I've attempted in good faith to identify the transaction.
	<input type="checkbox"/> Other - Categories above don't describe situation. A detailed letter describing my situation is enclosed.

Cardholder Signature: _____ Date: ___/___/___