## Cardholder Dispute Letter

Name	2:	Home Phone:			
Stree	t Address:	Work Phone:			
City, State, Zip:		Card Number:			
Emai	:	EMV Chip Card?	Yes 📃 No 📃		
Type c I have		en Card was in my possession	at the time the transaction(s) occurred. saction(s):		
Merchant Name:		Amount:	Transaction Date:		
wiere	hant Name.				
🗌 I ł	nave listed additional disputes or	n page 3 of this form.			
The fo	llowing selection explains my dis	spute. Select only <b>one</b> box to indicate th	nis is either a fraud or non-fraud dispute.		
FRAU	D DISPUTE – CARDHOLDER IS NO	T REQUIRED TO ATTEMPT TO CONTAC	T 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. <b>Card will be blocked.</b>				
NON-F	RAUD DISPUTE – CARDHOLDER	IS REQUIRED TO ATTEMPT TO CONTAC	T THE MERCHANT TO REMEDY DISPUTE		
	I certify that I participated in the above transaction but have not received the merchandise/service. I purchased:				
		chandise or service you expected to rec atter with the merchant in the <b>Additio</b> r	eive, the expected date of delivery, and <b>nal Details</b> 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 <b>Additional Details</b> 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 <b>Additional Details</b> 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 amou correct amound the provided the provi		e correct amount is Proof of		

## **Cardholder Dispute Letter**

The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the **Additional Details** area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response.

The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the **Additional Details** area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.

## **Attempt to Resolve Information**

In dispute cases *except* those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Describe your attempt to resolve here.

	I have attempted to resolve with the merchant. 🗌 Yes 🗌 No				
<ul> <li>Date of contact:</li> <li>Contact method: Telephone E-mail In-</li> <li>Merchant's response:</li> </ul>	person Other – Describe in <b>Additional Details</b>				
If no attempt, why not?					
Additional Details:					
Cardholder Signature					
	<u>FI Internal Use Only</u> : If applicable, date the card was blocked:				
Page 2 of 3	Rev. 05/20/21				

## **Cardholder Dispute Letter**

Merchant Name	Amount	Transaction Date