



Dispute Claim Form

Print Cardholder's name: _____

Card number: _____

Merchant name: _____

Transaction date: _____ Dispute amount: _____

For unauthorized charges (fraud), please complete Fraud Claim Form for 'Signature or Internet Transactions' or the "ATM or Merchant PIN Transaction Form".

BEFORE DISPUTING A CHARGE, YOU MUST MAKE AN EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT.

Select the type of dispute (Check **ONLY ONE**)

- **Although I did participate in this ATM withdrawal at _____ (Location) for \$_____, I only received \$_____.** (If you received a receipt, please attach a copy.)
- **My ATM check deposit for \$_____ at _____ (Location) has not posted to my account.** (If you received a receipt, please attach a copy.)
- **Although I attempted an ATM Cash deposit for \$_____ at _____ (Location), the ATM did not accept the deposit and only returned \$_____ back to me. I am disputing \$_____, the amount of cash the machine did not return to me.** (If you received a receipt, please attach a copy.)
- **I was billed 2 or _____ times for a single purchase:** Cardholder certifies one transaction is valid, but posted more than once. The card issued to me is in my possession. **(Amount, transaction date-NOT posting date, merchant name and address must be identical.)**
- **Membership cancellation:** Please enclose a copy of letter, email, fax, cancellation number informing the merchant of the cancellation.
 - When did you contact the merchant? _____
 - Reason for cancellation? _____
 - Date of cancellation ____/____/____ Cancellation # _____
 - Were you advised of a cancellation policy? Yes _____ No _____
 - If yes, what were you told? _____
 - _____
 - _____
- **Merchandise was returned.** You must attempt to return the merchandise prior to exercising this right. **Please attach signed proof of return. (Merchant has 30 days to issue refund for mail returned merchandise.)**
 - What was ordered? _____
 - What was received? _____
 - Was the merchandise suitable for the purpose intended? _____
 - What was the Merchant's response? _____
 - _____
 - _____

(Please complete page 2, signature is required)

cw-10/2012



Dispute Claim Form (con't)

- **I did not receive the merchandise:** Please contact the merchant and notify the outcome below.
 Date the merchant was contacted. ____/____/____
 What was the merchant's response? _____

 What was the expected delivery date? ____/____/____ or Pickup date? ____/____/____
 What was the merchandise that was ordered? _____

- **I was overcharged for the purchase.** My sales draft states \$ _____, yet I was billed \$ _____. **Please include a copy of the signed sales slip.**
- **My credit posted as a sale (charge).** Please 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.
- **I 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 a credit/debit card.
 When did you notify the merchant? ____/____/____.
 What was the merchant's response? _____

- **I was charged for a hotel room, which I cancelled.** Cancellation number is required.
 Were you advised of a cancellation policy? Yes ____ No ____
 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 attempt at resolution on a separate sheet of paper and attach to this form. Include copies of second opinions from certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.
- **Other-** Please enclose a detailed description on a separate sheet and attach it to this form.

Cardholder's signature: _____ **Date:** ____/____/____

I understand that I may be liable for the first \$50.00 of a claim.

FOR BANK USE ONLY

Case #: _____ **Received by:** _____ **Date received:** ____/____/____
(REG E Tracking) (Employee)

(Please return both pages to Card Program Administrator / 2-DAS) cw-10/2012