

NOTIFICATION OF DISPUTED TRANSACTION

Cardholder Information *(required – Please Print)*

Cardholder Name: _____

Cardholder Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Card # (16 digits): |____| |____| |____| |____| |____| |____| |____| |____| |____| |____| |____| |____| |____| |____| |____|

Transaction Amount: \$ _____ Transaction Date: ____ / ____ / ____

Disputed Amount: \$ _____ Sequence #: _____

Acquirer Reference # _____

Merchant Name: _____

Complete the section that best applies:

Services Not Provided or Merchandise Not Received

What was purchased? _____

Was the merchandise returned? Yes No

Was the purchase received by agreed dates? Yes No

Expected date of receipt? ____ / ____ / ____

Did the cardholder attempt to resolve with merchant? Yes No

Agreed upon location for delivery of merchandise? (input address)

Canceled Recurring Transaction

Who did the cardholder speak with at the merchant? _____

Cancellation reason? _____

Date of cancellation? ____ / ____ / ____

Contact method? _____

Merchant response or why the merchant was not contacted? _____

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Paid by Other Means

Providing proof that merchant received payment by other means. Yes No

Payment method: _____

Payment Description _____

Did the cardholder attempt to resolve with merchant? Yes No

Date of most recent contact: ____/____/____

Additional Comments: _____

Signature: _____ **Date:** _____

Please remember to include any documentation necessary to support your dispute.