

CARDHOLDER STATEMENT OF DISPUTE



FRAUD

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback.

Were you in possession of the card at the time of the transaction? _____

If NO, what happened to the card? _____

Do you certify that the card was lost / stolen prior to these transactions? _____

Where was the PIN stored? _____

If Other, where was the PIN stored?

What was the last valid transaction?

I certify that I did not authorize or participate in the transaction(s) listed above, nor were the goods and services represented by the transaction(s) received by me.

Signature: _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	

CARDHOLDER STATEMENT OF DISPUTE



FRAUD

(Continued from page one) **Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.**

Cardholder Name (Please print or type)	16 Digit Card Number:

Please list the disputed transaction(s) below.

Merchant Name	Transaction Amt	Transaction Date	EFT Web Reference #	23 Digit ARN = Acquirer's Reference Number

CARDHOLDER STATEMENT OF DISPUTE



2-BILLED INCORRECT AMOUNT

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback:

I have been billed for an incorrect amount. The Amount of Sales Draft was: \$ _____

The Amount Posted to my card was: \$ _____

Have you provided a (required) copy of your unaltered transaction receipt or documentation (ex. Rental agreement)? _____

What is being disputed and why? _____

If transaction is for lodging or vehicle rental, which charges are being disputed? _____

When was the merchant contacted? _____

Describe the cardholder's attempt to resolve the issue with merchant:

Signature: _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
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3-PARTICIPATED IN AT LEAST ONE TRANSACTION & BILLED FOR AN UNAUTHORIZED TRANSACTION

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback:

I did engage in a transaction with the merchant, but I was billed for a transaction(s) that I did not engage in, and did not authorize anyone else to use my card.

Were you in possession of the card at the time of the transaction? _____

What is the description (amount, date, etc.) of the unauthorized transaction?

When did the cardholder attempt to resolve the issue with merchant? _____

Provide details of the cardholder's attempt to resolve the issue with merchant:

If this was a face to face transaction, have you provided the (required) copy of your unaltered transaction receipt? _____

Signature : _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	

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4-NON-RECEIPT OF MERCHANDISE

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback:

I have not received the merchandise I ordered or expected to receive on this date: _____ and have contacted the merchant for a credit.

What was purchased?

What was the expected date of receipt? _____

When was the merchant contacted? _____

Describe the cardholder's attempt to resolve the issue with merchant:

Signature: _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	

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5-QUALITY NOT AS DESCRIBED

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback:

Although I did engage in the transaction(s), I am disputing the quality of the goods and services I received. I have contacted the merchant and either have not received credit or I am still unsatisfied. Attached is all the documentation for my claim.

What was ordered or purchased?

Describe why the merchandise or service was not as described or unsuitable for the purpose intended:

Date the merchandise or service was received: _____

Describe the cardholder's attempt to resolve the dispute with merchant:

Spoke with (name): _____

When was merchant contacted? _____

Merchant's Response:

Date returned, attempted return, or notification the goods were available for pickup: _____

Return Merchandise Authorization# _____

Date Delivered: _____

Shipping Company Name: (required for non-face-to-face returns) _____

Shipping Tracking #: (required for non-face-to-face returns) _____



5-QUALITY NOT AS DESCRIBED

Address Shipped To: (required for non-face-to-face returns) _____

Who signed for the package? _____

For quality disputes, if face-to-face, please include documentation from an expert or professional that supports the cardholder's dispute about the level of quality or misrepresentation described on the original receipt (on their letterhead, or a copy of their license or business card).

Signature: _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	

6-DUPLICATE POSTING

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback:

I have been billed twice for the same purchase. The original transaction on (date) _____

The second transaction was posted on (date) _____

Date attempted to resolve with merchant: _____

Describe cardholder's attempt to resolve dispute with merchant?

Signature: _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	

CARDHOLDER STATEMENT OF DISPUTE



CANCELLED SERVICE / RESERVATION

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback:

I cancelled this service/reservation and instructed the merchant to discontinue the service

What was purchased?

When was the merchant contacted? (date) _____

Date of cancellation: _____

How was the merchant notified to stop? _____

Telephone – who did you speak to?

In writing – who were instructions sent to?

Describe the Reason for Cancellation:

If a service or reservation – Provide cancellation Number:

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CANCELLED SERVICE / RESERVATION

If unable to provide a cancellation number, please provide explanation:

If the dispute is for lodging, was cardholder advised that a no show would be charged? _____

Provide details about Hotel-provided accommodations that were not to the cardholder's liking.

If a service or reservation, describe cardholder's attempt to resolve dispute with merchant:

Signature: _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	

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8-SHIPPED MERCHANDISE DAMAGED / DEFECTIVE

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback:

Merchandise, which was shipped to me, has arrived damaged, defective, and/or different from what I ordered.

What was ordered or purchased?

Provide the Date the cardholder received or expected to receive the merchandise _____

What was damaged or defective?

When was the merchant contacted? (date) _____

Describe the cardholder's attempt to resolve the dispute with the merchant:

Spoke with (name):

Merchants Response:

Was the merchandise returned? _____

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8-SHIPPED MERCHANDISE DAMAGED / DEFECTIVE

Date of return, attempted return, or notification that the goods were available for pickup: (date) _____

Return Merchandise Authorization #: _____

Date Delivered: _____

Shipping Company Name (required for non-face-to-face returns)

Empty text box for shipping company name

Shipping Tracking Number (required for non-face-to-face returns)

Empty text box for shipping tracking number

Address Shipped to:

Empty text box for address shipped to

Who signed for the package?

Empty text box for who signed for the package

Signature: _____ Date: _____

When complete, fax to:		
Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	



9-RETURNED MERCHANDISE

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

I have returned merchandise, cancelled a service or reservation and requested a credit.

What was purchased?

When was the merchant contacted? (date) _____

Was a credit voucher, letter of credit, voided transaction receipt, or refund acknowledgement given? _____

When was the merchandise returned, credit issued, or cancellation accepted? (date) _____

Was the cardholder aware of the merchant's refund policy? _____

If YES, Please Explain

Return Merchandise Authorization or Cancellation Number:

What was the Date Delivered: _____

Shipping Company Name (required for non-face-to-face returns):

Shipping Tracking Number (required for non-face-to-face returns):



9-RETURNED MERCHANDISE

Address Shipped To:

Who signed for the package?

Describe the cardholder's attempt to resolve dispute with merchant:

Signature: _____ Date: _____

When complete, fax to:

Institution Name:	Institution No.:	Phone:
Institution Contact:	Fax:	

CARDHOLDER STATEMENT OF DISPUTE



10-PAID FOR BY OTHER MEANS

Case	Cardholder Name	Card Number

Merchant Name	Transaction Amt	Transaction Date	EIP#	Acquirer Reference Number

Please fill out this form completely and accurately. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Describe the reason for the Chargeback.

I paid for this purchase by other means.

How was the product or service paid for? _____

Describe the details of the billing dispute. The cardholder must provide proof that the goods or services were paid for by other means, such as front and back of cancelled check, cash receipt, a debit card slip or credit card slip/statement.

When was the merchant contacted? _____

Describe the cardholder's attempt to resolve the dispute with the merchant:

Signature: _____ Date: _____

When complete, fax to:

Institution Name:

Institution No.:

Phone:

Institution Contact:

Fax: