Notification of Disputed Transaction

Processing Errors

Cardholder Name: _____

Card Number: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

1. Transaction Information

Transaction Date	**Merchant Name**	**Dollar Amount**
____/____/____	_____	_____

Amount in Dispute: _____

2. Dispute Reason/Elaboration

Please select **ONE** of the following:

☐ The wrong amount was charged to the account.

Is a copy of the original receipt with correct amount available? ☐ Yes ☐ No

☐ The same charge appears more than once on the account.

Date of original charge: ____/____/____

☐ The charge was paid for by another method.

Paid by ☐ Cash ☐ Debit/Credit Card ☐ Check ☐ Other

Is proof of payment available? ☐ Yes ☐ No

☐ The incorrect amount was dispensed from an ATM:

☐ No funds recd ☐ Portion of funds recd - Total recd: _____

☐ Transaction was force-posted: ☐ without proper authorization ☐ to closed/non-existent acct

3. Attempt To Resolve

Did you attempt to resolve with the merchant? ☐ Yes ☐ No

Date of most recent contact with merchant**:** ____/____/____

Contact Name: _____

How did you contact the merchant? ☐ Phone ☐ Email ☐ Letter ☐ In person

Please describe the attempt to resolve with the merchant:

_____

_____