

Notification of Disputed Transaction Processing Errors

Cardholder Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ (____) _____
Daytime Evening

Email: _____

Card Number: _____ Card Type: Debit Card Credit Card

1. Transaction Information

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

Are there available documents to support dispute claim? Yes No

Cardholder Signature

Date