Please list the following details as they appear on your card statement

Transaction Date: _______________________
Transaction Reference: ___________________
Merchant Name: ________________________
City: _________________________________
Transaction Amount: ____________________
Amount Disputed: _______________________

**Please mark the choice that best describes your dispute & attach any documents that further validate your claim**

☐ Neither I, nor anyone on my account, made or authorized the transaction.

☐ A copy of the sales slip is required for cardholders' personal records.

☐ The above charge was a single transaction but appears twice on my statement. I have enclosed a copy of the original purchase sales slip and the card(s) have been in my possession at all times.

☐ I used another method of payment for this transaction, not the credit card listed above. Attached is proof of payment by other means. Please include a copy of either the cash sales receipt, front and back of the cashed check, or other credit card statement showing this transaction.

☐ The enclosed credit slip has not appeared on my account. Please allow the merchant at least 30 days to post the credit to your account before you submit this dispute.

☐ The enclosed credit slip appeared on my account as a charge.

☐ I performed this ATM transaction; however, I did not receive the correct amount of cash. I requested ______________________ and only received ______________________. Attached are the ATM receipts.

☐ I was charged ______________________ but I should have been billed ______________________. Please find attached a copy of my sales slip showing the correct amount that should have been charged.

☐ I only authorized one transaction at the following merchant ______________________ dated ______________________. The following transactions reference ______________________ were not authorized.

☐ I cancelled the hotel reservation on ______________________. The cancellation number is ______________________. If there is no cancellation number then please attach an explanation and a copy of your telephone records showing the cancellation call.

☐ I cancelled the goods/services I ordered with this merchant on ______________________. I was provided with cancellation number ______________________. Proof of return, a credit slip (if available) and a copy of the contract showing the cancellation policy. Services must have been cancelled before the transaction date of the item you are disputing.

☐ I have not received the merchandise that was to be shipped to me on ______________________. I contacted the merchant on ______________________ and their response was ______________________. Attached is a letter explaining in detail the sequence of events.

☐ I am disputing the quality of goods or services received. I contacted the merchant to resolve the issue on ______________________ and was advised ______________________. I returned or attempted to return the merchandise on ______________________. Attached is a letter explaining in detail the sequence of events. You must attempt to resolve the issue directly with the merchant first.

☐ The merchandise shipped to me on ______________________ arrived damaged or defective. I returned it on ______________________ and the merchants’ response was ______________________.

☐ Other

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I certify that the above information is true to the best of my knowledge. If additional information is needed, I may be reached on the following number ______________________.

Email _____________________________________
Cardholder Signature: _______________________
Date: _______________________

I certify that the facts were obtained from my discussion with the cardholder or ______________________, (who is the company representative or government agency representative on behalf of the corporate card or government cardholder) and the facts are accurate to the best of my knowledge.

Charge Back Specialist: _______________________
Date: _______________________

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BANK USE ONLY

Branch Processing
Officer: __________
Signature: __________
Date: __________

CMS Processing
Officer: __________
Signature: __________
Date: __________