



Cardholder Resolution Claim

Supporting documentation must accompany this form or your claim may initially be denied. Please read each category in its entirety and ensure you have provided all required information. We may need additional information from you at various stages of your claims process. Please ensure your contact information is current.

Part I - Please complete each item in this section.

Cardholder Name _____ Email Address _____

Card Number _____ Home Phone _____ Work Phone _____

How do I want to be contacted? _____

Cardholder Signature _____ Date _____

I have verified the charges to my account, and I dispute the following item:

Merchant Name _____ Date _____

Posting Date (Mo., Day, Yr.) _____ Dollar Amount _____ Please Provide Details (use reverse side)

Part II - Please check and complete the category which best describes your dispute.

I am not disputing this charge. I would like a copy of the sales receipt only.

Please check the appropriate box below and complete the necessary information. Any required supporting documentation must accompany this form or your claim may not be processed.

Duplicate Charge

Date of first charge _____ Date of second charge _____

Cancellation

Date of cancellation (required) _____ Cancellation number _____

Method of cancellation _____ Spoke with _____

Were you advised of the cancellation policy?

Yes No (if yes, please explain) _____

Reason for cancellation _____

Returned Merchandise

Date of return (required) _____ Date received by merchant (if mailed) _____

Tracking Number (required) _____ Shipping Company (required) _____

Describe your attempt to resolve with the merchant (required) _____

Merchant's response (required) _____

If you have a credit slip, voucher, or a refund acknowledgement that has not posted, then please provide the date of that document _____ (a copy must accompany this form)

Purchase paid by another method (a copy of the cleared check, credit card statement, or cash receipt must accompany this form)

Cash Check Other credit/debit card Other

Describe your attempt to resolve with the merchant (required) _____

Non-Receipt of Goods or Services (not applicable for ATM disputes)

Merchandise/Tickets not received. Expected receipt date (required) _____

Merchant unwilling/unable to provide service

Description of merchandise/service (required) _____

Describe your attempt to resolve with the merchant (required) _____

Incorrect Transaction Amount (a merchant receipt must accompany this form)

The transaction posted for \$ _____ but should have posted for \$ _____

Quality of Services or Goods (provide details)

Describe the difference between what was ordered and what was received, what was defective, or why was the purchase unsuitable for your needs (required)

Date of return (required) _____ Date received by merchant (if mailed) _____

Tracking Number (required) _____ Shipping Company (required) _____

Describe your attempt to resolve with the merchant (required) _____

Merchant's response (required) _____

Credit Transaction Posted as a Debit

A credit transaction for \$ _____ posted to my account as a debit (you must supply a merchant credit receipt)

Part III - Additional Information or Comments
