

Notification of Dispute Item

Account # _____ Cardholder Name: _____

Disputed Amount: \$ _____ Merchant Name: _____

Reference Number: _____

Transaction Date: _____ Post date: _____

I have examined my account charges and I am disputing an item for the following reason:

1. _____ Neither I nor my authorized user(s): Made the above charges or received the related goods or services. (If you do not recognize a sale, choose this option and call Cardmember Services immediately.)
2. _____ I made a transaction with this merchant, but I was billed for _____ transaction(s) for total amount of \$ _____ that were not authorized. My card(s) are in my possession.
Enclosed is a copy of the authorized sales slip.
3. _____ I never received the merchandise that had an expected delivery date of ____/____/____ (mm/dd/yy). I contacted the merchant on ____/____/____ (mm/dd/yy) and the merchant responded _____ . (In order to assist you, you must make a good faith attempt to resolve the issue with the merchant.)
4. _____ I have returned/ canceled (circle one) merchandise on ____/____/____ (mm/dd/yy) because _____ . **Please provide a copy of the returned receipt, postal receipt or proof of refund.**
5. _____ The attached credit slip was billed as a charge on my statement.
6. _____ I had a \$ _____ credit on ____/____/____ (mm/dd/yy) that is not shown on my statement.
7. _____ Shipped merchandise arrived damaged and/or defective (circle one) on ____/____/____ (mm/dd/yy). I returned it on ____/____/____ (mm/dd/yy). **Please provide a copy of the returned receipt, postal receipt or proof of refund.** I contacted the merchant on ____/____/____ (mm/dd/yy) and the merchant responded: _____ . (In order to assist you, you must make a good faith attempt to resolve the issue with the merchant.)
8. _____ My account was charged \$ _____ when it should have been billed \$ _____. **Enclosed is documentation indicating the correct amount. (Copy of Sales slip or Receipt)**
9. _____ Other-Attach a letter describing the dispute.

Note: _____

Signature: _____ Date: _____

Home Phone #: _____ Work Phone _____

↓ ↓ ↓

Research Dept. Fax #: 402-636-6098

↓ ↓ ↓