

DEBIT CARD DISPUTE FORM



Member Info:

| | |
|--------------------------------------------------------------------------------------------|---------|
| Name: | Card #: |
| Phone #: | Email: |
| Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone | |

Transaction Info:

| | | |
|-------------------|---------------------|------------------|
| Merchant Name: | | |
| Transaction Date: | Transaction Amount: | Disputed Amount: |

Mastercard Regulation states that before a charge may be disputed it's the Member responsibility to try to resolve the discrepancy with the merchant.

I have made an attempt to resolve with the Merchant: Yes No Date of Contact: _____
Contact Method: Telephone Email In-person Other:
Merchant Response: _____
If no attempt, why not?: _____

Please choose the ONE category that best describes your dispute. Return this form and any other supporting documents. The required fields are marked with an asterisk(*). Any missing information may cause a delay in processing.

Cancellation of Goods/Services

Were you advised of any cancellation policy? Yes No If yes, explain below: _____

Date of Cancellation: _____ Spoke with: _____
Cancellation #: _____ Reason for cancellation: _____
Describe your attempt to resolve with merchant: _____

Returned Merchandise

Date Returned: _____ Date received by merchant: _____
If Mailed, RMA (Return Merchandise Authorization) number: _____
Shipping Company: _____ Tracking Number: _____
If you have a credit slip/voucher/refund acknowledgment that has not posted, please provide:
Date: _____ Invoice/Receipt # of the credit: _____
Describe your attempt to resolve with merchant:

Billed Twice for Same Transaction

Authorized charge post date: _____ Amount: \$ _____
Unauthorized charge post date: _____ Amount: \$ _____
Describe your attempt to resolve with merchant: _____

Paid For Good/Services by Other Means

Check Cash Other Bank Card Other: _____

Describe your attempt to resolve with merchant: _____

* Note: If selecting this dispute reason, you must supply a copy of proof of the other means of payment. Proof can include another bank card statement, copy of the front and back of a canceled check or cash receipt.

Did Not Receive Goods or Services

Merchandise not received. I expected delivery/service on (date): _____.

Merchant unwilling or unable to provide service.

Merchants response to your attempt to resolve the issue:

Spoke to: _____ Date: _____

Response: _____

Credit Transaction Posted as a Debit in error

A credit for \$_____ was posted to my account as a debit. * Supply copy of merchant credit receipt.

Describe your attempt to resolve with merchant: _____

Incorrect Transaction Amount

The amount of the transaction posted for \$_____ but should have been posted for \$_____

Describe your attempt to resolve with merchant: _____

* Note: If selecting this dispute reason, you must supply a copy of the sales receipt showing the correct amount.

Other See Attached

Cardholder's signature is required below to process:

I affirm that the information furnished is true to the best of my knowledge.

Signature

Date

Please note:

- We will make every effort to assist you; however, we cannot guarantee a favorable outcome for disputed transactions. MasterCard makes the final decision.
- Due the different laws in various countries, international transactions do not have the same consumer protection rights that are available for transactions that originated in the U.S.