

NOTIFICATION OF DISPUTED CHARGE – MASTERCARD

Member Name: _____ Debit Card Number: _____

TRANSACTION INFORMATION

(If more than one charge is in dispute, please provide a list specifying the information below for each charge.)

Merchant Name: _____ Location: _____
(City, State)

Transaction Date: _____ Amount \$ _____

I am disputing the transaction(s) in question because of the following reason(s):

The transaction(s) was unauthorized.* No one authorized to use this account signed for or participated in the transaction(s).

* At the time of the transaction, please indicate status of card (check one):

Card Lost Card Stolen DATE card was lost or stolen. _____

Card still in Accountholder's possession.

If cardholder still in possession of card is counterfeit card use suspected? YES NO

The charge(s) was paid by another means. Enclosed is a copy of the cancelled check or cash/credit receipt.

The amount signed for on the sales draft differs from the amount billed on the monthly statement. Attached is my copy of the sales receipt.

The transaction was authorized and then cancelled. A credit voucher was issued (copy enclosed), but the credit has not posted to my account. If no credit voucher was issued, please explain the merchant's response to the cancellation/return.

I have been billed multiple times (2 or more) for the same purchase. The original charge posted to my account on _____.

I placed an order with the merchant above. I have not received merchandise which I expected by _____. I have contacted the merchant for credit but no credit has posted to my account.

I cancelled this reservation on _____. The cancellation number provided to me is as follows: _____.

I cancelled this recurring charge with the merchant on _____. No charges after this date are authorized from this merchant.

I received merchandise different from what I ordered. Attached is a detailed letter explaining what was expected from the merchant, what was received, and that an attempt to return the merchandise was made.

Member Signature

Date

Telephone Number

ATTACH COPIES OF ALL RELATED DOCUMENTATION TO THIS FORM
If additional room is required to describe your dispute, please use the back of this form.