

NOTIFICATION OF DISPUTED TRANSACTION

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form using blue or black ink. This form must be received at the Card Services address stated on your statement or at the bottom of this form within 60 days of the closing date as printed on your statement. You must contact the merchant to attempt to resolve the dispute prior to completing this form. Please include a copy of your statement highlighting the disputed transactions when mailing this form to Card Services.

Cardholder Information (required – Please Print)

Cardholder Name: _____

Cardholder Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Account Number (16 digits): _____ - _____ - _____ - _____

Transaction Amount: \$ _____ Transaction Date: _____

Disputed Amount: \$ _____ Reference #: _____

Merchant Name: _____

(Required) I contacted the merchant on ____/____/____ (date) in an attempt to resolve this dispute. I spoke with _____. The merchant's response was _____.

Signature: _____ Date: _____

- I certify that the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge. **By indicating that you did not authorize a transaction, your account may need to be blocked in order to proceed with your dispute. If you are aware of the person fraudulently using your card, please fill out a police report and press charges as appropriate.**
- I do not recognize the above transaction. Please provide me more information.
- Although I did participate in a transaction with the merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not participate in, nor did anyone else authorized to use my card. I do have all my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.
- I have not received purchased **services** from the merchant. The services that I was to receive are _____. Expected date of services was _____ (mm-dd-yy). I contacted the merchant on _____ (mm-dd-yy) and the merchant's response was _____. (In order to assist you more effectively, you must contact the merchant and inform us of their response.)
- I have not received the **merchandise** that was to have been shipped to me. Merchandise purchased was _____. Expected date of delivery was _____ (mm-dd-yy). I contacted the merchant on _____ (mm-dd-yy) and the merchant's response was _____. (In order to assist you more effectively, you must contact the merchant and inform us of their response.)

- I have returned merchandise on _____(mm-dd-yy) because _____. The merchandise that I returned was _____. Merchandise purchased was _____. (Please provide a copy of the return receipt, or proof of return.)
- The attached credit slip was listed as a charge on my statement.
- I was issued a credit slip for \$ _____ on _____(mm-dd-yy). I contacted the merchant and their response was _____. A copy of my credit slip and/or postal receipt is enclosed.
- I have been billed an incorrect amount. My credit card receipt shows \$ _____. However, I was billed \$ _____. (Please send a copy of your sales receipt.)
- I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$ _____. (Please send a copy of your sales receipt.)
- I notified the merchant on _____ (mm-dd-yy) to cancel the preauthorized order (reservation). My cancellation number is _____. I was/was not (circle one) informed of the cancellation policy when I made the reservation. The reason I cancelled was: _____
_____. (If you do not have a cancellation number, please provide a copy of your phone bill showing the date and time of the cancellation call.)
- I cancelled the merchandise / service (circle one) which was charged to my account by the above reference merchant on _____(mm-dd-yy). I spoke with _____ at the merchant's location. I cancelled the charge prior to the transaction date because _____. The merchandise / service cancelled was _____.
- The transaction was paid by other means. (Please provide a copy of your cash receipt, or the front and back of your cancelled check or a copy of your statement if another credit card was used.)
- ATM Transaction. (a receipt must be attached for ATM Disputes)
 - I participated in the ATM transaction, but I did not receive any of the funds.
 - I participated in the ATM transaction, I requested \$_____, but only received \$_____.
 - I participated in the ATM transaction but it posted twice.
- Other. (Describe below. Please include what attempts have been made to contact the merchant and resolve.)

Please remember to include the documentation to support your dispute.

Return this dispute form and other documents to:

**FIS Dispute Department
P O Box 30495
Tampa, FL 33630-3495**

Fax to (866) 451-6263 with the Dispute/Fraud Cover Sheet