

Notification of Disputed Transaction Processing Errors

Cardholder Name: _____

Card Number: _____

Cardholder Signature: _____

1. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
____/____/____	_____	_____
Amount in Dispute:	_____	

2. Dispute Reason/Elaboration Please note: an ATM has 5 business days to reconcile an error before dispute may be processed.

Please select **ONE** of the following:

The wrong amount was charged to the account.

Is a copy of the original receipt with correct amount available?

Please include receipt if available.

Yes No

The same charge appears more than once on the account.

Date of original charge:

____/____/____

The charge was paid for by another method.

Paid by

Is proof of payment available?

Please include proof if available.

Cash Debit/Credit Card Check Other

Yes No

The incorrect amount was dispensed or deposited at an ATM:

Is a copy of the original receipt with correct amount available?

Please include receipt if available.

Deposit Withdrawal

No funds recd Portion of funds recd - Total recd: _____

Transaction was force-posted:

without proper authorization to closed/non-existent acct

3. Attempt To Resolve

Did you attempt to resolve with the merchant?

Yes No

Date of most recent contact with merchant:

____/____/____

Contact Name:

How did you contact the merchant?

Phone Email Letter In person

Please describe the attempt to resolve with the merchant:
