Cardholder Statement of Disputed Item

Card Number: _____ Cardholder Name: _____

Tran Post Date: _____ Tran Amount $_____ Merchant: _____
Tran Post Date: _____ Tran Amount $_____ Merchant: _____
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Tran Post Date: _____ Tran Amount $_____ Merchant: _____

I am disputing the above charge(s) due to the following reason (select a reason from the drop-down box). If disputing multiple charges for different reasons, a separate form should be completed for each reason.

Choose a reason

I have tried to resolve the issue with the merchant:

☐ **Yes:** please provide detailed feedback of actions taken to resolve the issue:

_____
_____
_____
_____
_____

☐ **No:** please choose reason: Select

For unauthorized transactions, check one of the following boxes:

☐ My card was lost on (date): _____
☐ My card was stolen on (date): _____
☐ I have not authorized or participated in this transaction in any way and my card has not been out of my possession.

Signature: _____ Date: _____ Phone Number: _____