

CREDIT CARD CARDHOLDER STATEMENT OF DISPUTE

PART I - You must complete each item in this section in order for your claim to be processed.

CARDHOLDER NAME	CARDHOLDER ADDRESS (STREET CITY STATE ZIP CODE)			
FORM OF PAYMENT USED: <input type="checkbox"/> MASTERCARD® <input type="checkbox"/> VISA® <input type="checkbox"/> HEL PLATINUM VISA	ACCESS NUMBER	CREDIT CARD NUMBER		
BEST TIME TO BE REACHED	TELEPHONE NUMBER (H) ()	TELEPHONE NUMBER (W) ()	EXTENSION NO.	

I have verified the charges made to my account and I dispute the following item(s):

MERCHANT NAME:			REFERENCE NO.
POSTING DATE (MO., DAY, YR.) - -	TRANSACTION DATE (MO., DAY, YR.) - -	DOLLAR AMOUNT \$	
MERCHANT NAME:			REFERENCE NO.
POSTING DATE (MO., DAY, YR.) - -	TRANSACTION DATE (MO., DAY, YR.) - -	DOLLAR AMOUNT \$	

PART II - Please check the **ONE CATEGORY which BEST describes your dispute.**

- I would like a copy of the sales draft and I am **not** disputing this charge. (If the charge is older than 90 days, a copy can only be requested for legal or tax purposes.)
- I certify that the above ATM transaction resulted in a discrepancy. Amount Requested \$_____ Amount Received \$_____.
- The charge was paid by check, cash, or another credit card, but also appeared on my statement. (Please provide a copy of your proof of alternate payment.)
- The amount I charged differs from the amount on my receipt. (Please provide a copy of your receipt.)
- I received a credit on the above transaction and it has not appeared on my statement. (Please ensure that 30 days have passed from the date of the credit slip prior to submitting a dispute. Please supply a copy of the credit slip.)
- I did authorize the transaction but attempted to cancel with the merchant. (Please ensure that 30 days have passed from the date of the cancellation prior to submitting a dispute. If this timeframe has elapsed, then forward a copy of your contract and/or proof of cancellation, i.e. cancellation number, letter, e-mail, or cancellation date.)
- Only one transaction was authorized. Charge is a duplicate of the sale that was charged to my account on _____.
- I did authorize the transaction, however I have not received the merchandise or services and 30 days have passed from the expected date of delivery. (You must contact the merchant and advise that the merchandise has not been received or the services have not been rendered by the expected date. Please explain in detail in the space allotted below in **Part IV** of this form of what the merchant's response was and the details surrounding your dispute. Also, ensure that you supply the expected date of services and/or receipt of merchandise and what type of service or what merchandise was to be received. Please be very specific.)
- I did authorize the transaction but the merchandise or services received were defective or not as described (according to the written or verbal characterization). I have returned or made an attempt to return the merchandise for a credit. (Please explain in detail in the space allotted below in **Part IV** of this form of what the merchant's response was and the details surrounding your dispute. Also explain in very specific detail what was ordered and what was received instead; what was defective about the merchandise; or what was not as described for the merchandise received or services rendered. Also, supply proof of return and any documentation you have to support your claim.)
- I do not **recognize** this transaction. Please provide more information about the transaction and/or merchant.

PART III - The signature of the cardholder MUST be in this section with the appropriate date for your request to be processed.

SIGNATURE	DATE (MO., DAY, YR.) - -
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(SECTION ON THE REVERSE MUST ALSO BE COMPLETED.)

