

CARD.com
Cardholder Dispute Form

This form is provided for your convenience. If you believe that a transaction(s) on your account is in error or unauthorized, you can use this form to dispute the transaction(s) in question.

Please complete this form and provide any supporting documentation you may have to help facilitate our investigation. You can send us this information by: Logging into your account, click on the "☪" and select "Secure Documents Center". You may also mail or fax a copy of this form along with any supporting documentation to Card Services, ATTN: Dispute Department, P.O. Box 543000 Omaha, NE 68154, or Fax to 801-396-2665. If you have any questions, please call 1-866-345-4520.

Personal Information (Please fill this section out completely to better assist us with the investigation of your claim.)

Your Name: _____ Account Number: _____
(16 Digit Card Number)

Telephone: _____ Best time to call: _____ (CST)

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Email Address (optional): _____

Transaction Information (please refer to your statement for assistance)

Transaction Date: _____ Posting Date (MM/DD/YY): _____

Amount of transaction: \$ _____ Disputed Amount: \$ _____

Merchant Name: _____ Reference Number: _____

Transaction Description: *(as it appears on your statement)* _____

Disputing more than one item? Yes* No

* If you are disputing more than one transaction, please use a separate sheet and include with this form. On the separate sheet, include the following: Date, Amount, Merchant Name/Location and Transaction Reference Number.

Select Type of Dispute (Check only one)

Charged twice for the same transaction – I certify that the transaction in question was a single transaction, but was charged twice to my account. I did not authorize the second transaction.

Sale # 1 (Valid Transaction) \$ _____ Reference #: _____

Sale # 2 (Invalid Transaction) \$ _____ Reference #: _____

Cancellation (hotel, goods, services, etc.) – Please enclose copy of the **letter, email, or fax** informing the merchant of your cancellation request.

Date of cancellation _____ Cancellation # _____

Reason for cancellation? _____

Merchandise was returned - Please attach a signed copy of the proof of return.

Reason for returning _____

If you are unable to return the merchandise, please explain. _____

Merchandise not received - Please notify the merchant of non-receipt.

I have not received merchandise that was to be shipped or picked up on (MM/DD/YY) ____/____/____

I have asked the merchant to credit my account Yes No

If YES, when (MM/DD/YY)? ____/____/____

Merchandise shipped was either damaged or defective - You **must** explain in detail how the merchandise was damaged or defective, provide proof and attempt to return the merchandise prior to exercising this right.

I have asked the merchant for a credit to my account Yes No

If YES, when (MM/DD/YY)? ____/____/____

Overcharged for a transaction - Please include a copy of the signed sales receipt.

The amount was increased from \$ ____ to \$ ____

Credit posted as a sale - Please attach a copy of the credit slip and the original sales slip.

Credit not posted to account - Please enclose a copy of the credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

Transaction paid by other means - In order to best process your claim, please provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a statement from another credit/debit card account.

ATM (Partial dispense)

I made an ATM withdrawal, but I did not get the full amount that I requested.

Amount Charged: \$ _____ Amount Dispensed: \$ _____

ATM (Non dispense)

I made an attempt and the money was not dispensed to me. Requested amount: \$ _____

Unauthorized charge - I certify that I did not conduct, authorize nor benefit in this transaction(s) with the mentioned merchant, nor did I authorize anyone else to use my card. My card was (please select one):

In my Possession

Lost or Stolen

Never Received

Please provide additional details:

1. Date your card was lost or stolen (MM/DD/YY) _____

2. Where do you store your PIN? _____

3. Where do you normally store your card? _____

4. Do you know who made these transactions? Yes No

If YES, who do you think made these transactions? _____

What is your relationship to this person? _____

5. Please list other items lost or stolen (if any): _____

6.. What was the date, time and location of your last transaction: _____

7. Have you given your permission to anyone to use your card? Yes No

If YES, to who and what is their relationship to you? _____

8. Have you contacted the merchant in an attempt to resolve the error? Yes No

Merchant response: _____

Other - Please attach a **DETAILED** description on a **SEPARATE SHEET** with this form.

To assist us in providing you with the most thorough investigation of your claim, please also include a clear copy of your photo ID and a copy of any police report that you may have filed regarding this matter. If there is other documentation that you feel may assist us with our investigation, please include it along with this completed and signed form.

SIGNATURE REQUIRED _____

DATE _____

Please keep the original for your records