



**MasterCard - Cardholder Statement of Disputed Items**

Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
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Tran Date: _____	Tran Amount \$ _____	Merchant: _____

**REQUIRED INFORMATION:**

I am disputing the above charges due to the following reason (check only one reason):

\_\_\_\_\_ I have not, nor has anyone authorized by me, engaged in this transaction.

My card was lost on (date): \_\_\_\_\_

My card was stolen on (date): \_\_\_\_\_

\_\_\_\_\_ I have not authorized or participated in this transaction in any way. My card has not been out of my possession.

\_\_\_\_\_ I have participated in one transaction at the merchant location, but NOT the transaction listed. I, or someone authorized by me, was in possession and control of all cards at the time of the transaction. The authorized transaction amount was \$ \_\_\_\_\_ on (date) \_\_\_\_\_.

Please provide specific details below or on a separate sheet of paper if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

**FOR BANK USE ONLY**

Accepted By: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature PRS # Branch #

Send completed/signed form to: Operations Dept.

