

MasterCard Statement of Disputed Item – Non Fraud

Card Number: _____
Transaction Date: _____
Merchant: _____

Case No: _____
Transaction Amount: _____
Reference No: _____

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

Cancellations and Returns

_____ On (date) _____ I **cancelled** the (check one) _____ service _____ merchandise

Because: _____

Cancellation method was (check one) _____ in writing, _____ in person, _____ by phone, _____ by email _____

On (date) _____ I **returned** the (check one) _____ service _____ merchandise

Because: _____

Return method was (check one): _____ in person, _____ Fed-Ex, _____ UPS, _____ DHL, _____ US Postal _____
other, explain _____

I did not receive (check one) _____ merchandise _____ service that was to be provided on (date) _____

Processing Errors

_____ The amount billed is incorrect. I have enclosed a copy of my sales slip. The correct amount is \$ _____

_____ The charge listed above was paid previously by another method. I am enclosing proof.

_____ I have not received a credit to my account for the transaction listed. I have enclosed a copy of the credit receipt that was issued.

_____ The charge listed was a single transaction but posted _____ times to my account.

_____ I am disputing the listed ATM withdrawal. I have explained the details below.

Travel and Entertainment

_____ I am disputing a guaranteed reservation service and no show charge. My reservation date was for (date) _____. The cancellation number is _____ and the date of the cancellation was _____

_____ I am disputing the above vehicle rental charges for \$ _____. I returned the vehicle on _____

To process the dispute above, the following information MUST be provided.

(If the following information is not completed, provisional credit may be reversed.)

I attempted to resolve the dispute on (date): _____ and spoke with _____

The merchant's response to my attempt was _____

Card Holder Signature: _____ Date: _____

Phone: Day: (_____) _____ Evening: (_____) _____

FOR BANK USE ONLY

Accepted By: _____ / _____ / _____ Date: _____
Employee Signature PRS # Branch #

Send completed/signed form to: Operations Dept.

