

Dispute Reasons: Before disputing charges, please make every effort to **RESOLVE** with the merchant.

- Duplicate Charge:** cardholder certifies one transaction is valid, but it posted more than once.
Valid Transaction \$ _____ Posting Date ____/____/_____
Invalid Transaction \$ _____ Posting Date ____/____/_____
Describe your attempt to resolve with the merchant _____
Date of contact _____

- Membership Cancellation:** Please enclose a copy of the letter, email, or fax, notifying the merchant of cancellation.
Reason for cancellation? _____
Date of cancellation ____/____/_____
Cancellation Number _____
Describe your attempt to resolve with the merchant _____
Date of contact _____

- Returned Merchandise:** You must *first* attempt to return the merchandise and allow 14 days for merchant to post the credit. Please attach signed proof of return or credit slip.
Reason for return _____
Describe your attempt to resolve with the merchant _____
Date of contact _____

- Merchandise Not Received:** Please contact the merchant and notify us of the outcome.
What was the expected delivery date? ____/____/____ Pick up date? ____/____/_____
Provide **detailed** description of expected merchandise _____
Describe your attempt to resolve with the merchant _____
Date of contact _____

- The Transaction Amount Was Incorrect:** To be able to process your Dispute you would need to provide copy of the receipt.
A transaction in the amount of \$ _____ posted to my account. However, the correct amount should be \$ _____.
Describe your attempt to resolve with the merchant _____
Date of contact _____

- I Paid For this Purchase by Other Means:** To be able to process your Dispute you would need to provide copy of the cleared check, credit card statement, or cash receipt.
Describe your attempt to resolve with the merchant _____
Date of contact _____

- ATM Cash Not Received:** please attached a copy of the ATM withdrawal slip.
Date of cash withdrawal ____/____/_____
Amount requested \$ _____ Amount received \$ _____

Please provide additional information below or on a separate sheet, if needed.

Cardholder Signature: _____ **Date:** _____

Retail Employee Name: _____ **Branch:** _____