

**Cardholder Statement of Disputed Item – Non Fraud**

Card Number: \_\_\_\_\_  
Transaction Date: \_\_\_\_\_  
Merchant: \_\_\_\_\_

Account No : \_\_\_\_\_  
Transaction Amount: \_\_\_\_\_  
Reference : \_\_\_\_\_

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

**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.

**Travel and Entertainment**

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

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

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Please return this form along with any other documentation required to the Debit Card Dispute Department in a postage paid envelope or fax this form along with any other documentation required to (954) 267-8129 to the attention of Diane Bayer.