

# Debit/Credit Card Dispute (Non-Fraud)



This document is for use when a cardholder disputes non-fraud signature or pin transactions (Tran Codes 11, 66, 96, 111, or 253).

## Account/Cardholder Contact Information

Cardholder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Disputed Transaction Information

Please check only 1 statement that best describes your dispute. Please attach any supporting documentation such as credit receipts, copies of other payment method, or merchant correspondence.

- Duplicate Transaction** A single transaction has posted more than once.
- Cancelled Transaction** I cancelled the transaction as of \_\_\_\_\_ and my confirmation number is \_\_\_\_\_.  
Please provide a copy of the cancellation confirmation if available.
- Incorrect Amount** A transaction for \$ \_\_\_\_\_ posted on my statement as \$ \_\_\_\_\_.  
I have enclosed my receipt which shows the correct charge amount.
- Merchandise/Service Not Received** I did not receive the service or merchandise requested.  
Expected delivery date is/was \_\_\_\_\_.
- Defective/Not as Described** The service or merchandise received did not match the description; or the merchandise is defective/damaged.
- Paid By Other Means** I have already paid this transaction by (please attach a copy of the other payment type):  
 Cash       Check       Other Credit/Debit Card       Money Order
- Credit Not Posted** The merchant issued me a credit, but it has not appeared on my statement. (Please attach receipt copy.)
- Returned Merchandise** I have returned the merchandise to the merchant and I have not received a credit.

Identify the transaction(s) below for your dispute. Use and attach additional sheets as needed.

Date Posted	Merchant Name	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## Cardholder Statement

Use the below to provide details below related to your dispute.

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

## Signature

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

Payment Services will research and contact the cardholder for additional information as needed.