Transaction Dispute Form

cancellation of your card and issuance of a new one.

I have never done business with this merchant.

Please complete all sections of the form (as applicable).

If you have not done so already, you may also call us (see the back of your card OR the 'Contact Us' section on our website for our Customer Support phone number) during business hours to file your dispute directly with us. (This form may still be requested by your customer support representative.)

Please provide all relevant information about your dispute, including all information you may have previously provided to a customer support representative, if applicable.

Card	Details	
Caro	Details	5

Card Details					
Card Number (Last 4 numbers on the front of your card)		Case Number (A customer support representative may have verbally provided this to you when you filed your dispute. If you did not call, please write "N/A" in this section.)			
Disputed Transac		dditional transactions, please include an additiona	al page.		
Date	Merchant name	,,	Amount		
			\$		
			\$		
			\$		
			\$		
l authorized and parti		ovided but have the following issue:			
Duplicate transactio	n	Credit not received			
Processed for the in	correct amount	Expected refund amount \$			
Processed for the in Amount expected to p		Expected refund amount \$ Expected refund date			
	\$ \$ did you pay?				
Amount expected to p Amount charged Paid by other means By what other means (e.g. in cash, 1/2 on anoth	s did you pay? er card, etc.) Merchant to try to resolve this	Expected refund date I have not received the goods or se They were expected on:	ervices I paid for. an ATM:		
Amount expected to p Amount charged Paid by other means by what other means (e.g. in cash, 1/2 on anoth	s did you pay? er card, etc.) e Merchant to try to resolve this act was on:	I have not received the goods or set They were expected on: Date I attempted to withdraw cash from a	ervices I paid for. an ATM:		

I have done business with this merchant in the past, but I

did not authorize the above transaction(s).

\bigcirc	My card is in my possession						
	Where do you keep a record of your PIN (memorized, written down, all details are help						
	Has your PIN been shared with anyone e (including family members)	else?	Yes	○ No			
	Has your account login information been with anyone else?	shared	O Yes	○ No			
	If Yes, please provide details						
\bigcirc	My card was lost or stolen						
	Date and time loss/theft occurred:		Date		Time		
	Was your PIN lost/stolen as well? If Yes, please provide any details below		O Yes	○ No			
	Describe how and when you became aware of loss or theft please provide as many details as possible, e.g., scenario which loss or theft occurred etc., details will assist us in the investigation process).						
	lice Report Details (if applicate and time did you report to the police	·	Date		Time		
Police report number			Police officer's name				
Contact number			Station/Location				
Ad	ditional Information						
Ple	ase provide any additional information tha	t may be helpful in	assisting with yo	our dispute			
Si	gnature						
	rtify that my statements in this transaction ef. I understand that all statements made i		·		pest of my knowledge and		
Sig	nature P	rinted Name		Date			
Gre ATT P.O	ase return this completed form and any suppo en Dot Corporation 'N: Disputes . Box 9 st Chester, OH 45071	orting documents to:					





For transactions reported as not authorized, please confirm the following:





