Cardholder Statement of Disputed Transactions

If you have any questions, please call 1-877-252-4622

Mail to: Cardholder Services, PO Box 7235 Sioux Falls, SD 57117-7235 Fax to: 954-377-0072

Cardholder Name: _____

Last 4 Card Number:

Trans Date	Transaction Description	Amount	Trans Date	Transaction Description	Amount

At the time of the disputed transactions, my card: \Box Was in my possession

□ Was Lost/Stolen/Missing (not in my possession)

Please check only one item and print all information.

 \Box I certify that the charge listed on the statement was not made by me nor a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.*

 \Box Although I did engage in a transaction with the above merchant, I have no knowledge of the particular transaction noted above and it was not authorized by me or anyone representing me. My cards were in my possession at the time of the above transaction.*

 \Box Although I did engage in the above transaction (complete ONE of the following statements and provide as much detail as possible to support your statement):

□ The dollar amount of the sale was increased from \$ _____ to \$ _____.

□I am enclosing a copy of my debit card sales receipt, which reflects the correct dollar amount.

 \Box I dispute the entire charge or a portion of it in the amount of \$_____. I have contacted the merchant and a credit has been applied to my account. (Please provide details of the circumstances surrounding this transaction and your calculations used to derive the correct amount, if amount is less than the total billed to your account.)

 \Box I have never received the merchandise.

 \Box The above transaction is a duplication of an authorized transaction that took place on ______ (posting date.) The reference number of the authorized transaction as shown on my card statement is: ______.

 \Box I am enclosing a detailed explanation of the reason(s) the merchant was not able or willing to provide the requested merchandise/services. I am also providing details of my attempts to resolve this matter with the merchant, including date(s) and the merchant's response(s).

□ I received a credit slip, but it was applied to my account as a charge. I am enclosing a copy of this credit slip.

□ I received a credit slip, but it has not yet been applied to my account. I am enclosing a copy of this credit slip.

□I guaranteed a hotel reservation for late arriv	al and subsequently cancelled it on	(date) at	(AM/PM.) I
was given the following cancellation number:			

 \Box Other reason:

*Due to the nature of these disputes, the card must be closed due to fraud and a new card issued. Cardholder certifies that the above statements are true and correct, to the best of their knowledge.

Cardholder Signature:	Date:		
Contact #'s Primary	Secondary		