

Cardholder Statement of Disputed Item

Card Number: [redacted]

Case No:

Transaction Date: [redacted]

Transaction Amount:

Merchant:

Reference No:

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

I have not, nor has anyone authorized by me engaged in this transaction.

My card was lost on (date): [redacted]

My card was stolen on (date): [redacted]

I have not authorized or participated in this transaction in any way.
My card has not been out of my possession.

I have participated in one transaction at the merchant location, but NOT the transaction listed. I, or someone authorized by me was in possession and control of all cards at the time of the transaction.

The authorized transaction amount was [redacted] on (date) [redacted]

I am disputing the listed ATM withdrawal. I have explained the details below.

Please provide specific details below, on back or a separate sheet of paper:

II. Additionally please answer the following questions:

I am familiar with the merchant who charged the transaction Yes No

I have attempted to contact the merchant about the disputed transaction Yes No

If Yes: Was the communication done by Phone Letter Email Fax In person

Date when communication was done [redacted]

Describe the outcome of the communication

Signature: _____ Date: [redacted]

Phone: Day: ([redacted]) [redacted] Evening: ([redacted]) [redacted]

Please note that this form below is not a dispute form, but an additional verification of transactions disputed.

I hereby confirm that I wish to dispute the following transactions only:

Last 4 digits of the card:

Name:

Date:

Transaction Date	Trace Audit Number	Transaction Amount	Merchant Name

Signature: _____