

Notification of Disputed Item Form

Please sign this form and return to:

Cardholder Recovery Services
PO Box 3080
Tallahassee, Florida 32315-3080

Or fax to: 877.324.2478

Name (Please Print): _____ Daytime Telephone #: _____

Signature: _____ Date: _____

Card #: _____ Transaction Amount _____

Amount of Dispute: _____

Transaction Date: _____ Merchant Name: _____

I have examined the charges made to my account and am disputing an item for the following reason:

- 1. Neither I, nor any person authorized by me to use my card, made the charge listed above. In addition, neither I, nor any person authorized by me received the goods and services represented by this transaction. (If you do not recognize a sale, choose this option and call Customer Service immediately.)
- 2. Although I did participate in a transaction with the merchant, I was billed for _____ transaction(s) totaling \$_____ that I did not engage in, nor did anyone else authorized to use my card. I do have all my cards in my possession. Enclosed is a copy of the authorized sales slip.
- 3. I have not received the merchandise that was to be shipped to me. Expected date of delivery was _____ (mm/dd/yy). I've called the merchant, and their response was:

(In order to assist you, the merchant must be contacted.)

- 4. I have (circle one) returned/canceled merchandise on _____ (mm/dd/yy) because:

(Please provide a copy of the returned receipt, postal receipt, or proof of refund.)

- 5. The attached credit slip was listed as a charge on my statement.
- 6. I was issued a credit slip for \$_____ on _____ (mm/dd/yy), which has not shown on my statement. A copy of my credit slip is enclosed.
- 7. Merchandise that was shipped to me arrived damaged and/or defective on _____ (mm/dd/yy). Merchant response was _____

(Please provide postal receipt and/or credit slip.)

- 8. The sales receipt amount was increased from \$_____ to \$_____. My sales slip was added incorrectly. Enclosed is my copy of the sales receipt which shows the correct amount.
- 9. (Circle one) In writing/or by phone, I canceled monthly services with the above merchant on _____ (mm/dd/yy).
- 10. Other – Attach a letter describing the dispute.

Cardholder
Recovery
Services