Name:		Home Phone:	Home Phone:		
Stree	et Address:	Work Phone:	Work Phone:		
City,	State, Zip:	Card Number:	Card Number:		
Emai	il:	EMV Chip Card?	Yes No		
	of Loss: Lost Stole	en Card was in my possession	at the time the transaction(s) occurred. saction(s):		
Merchant Name: Amount:		Amount:	Transaction Date:		
	have listed additional disputed tr	ansactions on pages 3 and/or 4 of this	form.		
The fo	ollowing selection explains my dis	pute. Select only one box to indicate w	whether this is a fraud or non-fraud		
disput	te. FRAUD DISPUTE – CARDHOLD	ER IS NOT REQUIRED TO ATTEMPT TO	CONTACT MERCHANT		
	I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. Card will be blocked.				
NON-	FRAUD DISPUTE – CARDHOLDER	IS REQUIRED TO ATTEMPT TO CONTAG	CT THE MERCHANT TO REMEDY DISPUTE		
	I certify that I participated in th I purchased:	certify that I participated in the above transaction but have not received the merchandise/service. purchased:			
		handise or service you expected to rec	eive, the expected date of delivery, and nal Details area of this form.		
	I certify that I participated in the above transaction but returned the merchandise or canceled services on (date) per the merchant's instructions and have not received credit. Merchant cancelation policies may apply. Provide full details in the Additional Details area of this form.				
	I contacted the merchant on (date) and cancelled the monthly recurring transaction. Merchant cancelation policies may apply. Provide full details in the Additional Details area of this form.				
	I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a copy of the credit slip.				
	I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount isand date it was authorized is				
	I certify that this transaction was paid by other means. Proof of payment by other means must be provided.				
	I certify that an incorrect amou correct amou		e correct amount is Proof o		

The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the **Additional Details** area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response.

The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the **Additional Details** area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.

Attempt to Resolve Information

In dispute cases *except* those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Describe your attempt to resolve here.

• I have attempted to resolve with the merchant. Yes	No
 Date of contact: Contact method: Telephone E-mail In-pers Merchant's response: 	on Other – Describe in Additional Details
If no attempt, why not?	
Additional Details:	
Cardholder Signature	Date:
	FI Internal Use Only:
	If applicable, date the card was blocked:
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Merchant Name	Amount	Transaction Date

Merchant Name	Amount	Transaction Date