

CUSTOMER DISPUTE REQUEST

Card Number: _____ Date Card Stated: _____

Cardholder Name: _____

Cardholder Address: _____

Transaction Disputed

Merchant Name: _____ Transaction Amt \$ _____ Date: __/__/____

Was card lost or stolen at time of transaction? Yes No

I have attempted in good faith to resolve this dispute with the merchant. Yes No

If yes, include resolution: (if transaction is non-fraud customer MUST contact merchant)

Indicate Category below that best describes your dispute.

Duplicate Transaction Posted

Cancelled Recurring Transaction

Was written notification provided to the merchant? Yes No

Date of communication: __/__/____

Was a copy of the communication provided? Yes No

Cancellation of Merchandise or Services

What type of services or merchandise did the merchant provide?

Reason for canceling: _____

What DATE did you cancel the services? __/__/____

Do you have a cancellation confirmation number? Yes No Cancellation Number _____

Did you receive merchandise or services after cancellation date? Yes No

If you have received merchandise after the cancellation date, on what date did you return it? __/__/____

*Must provide proof of return, i.e., USPS receipt, Overnight Delivery receipt, etc.

Return of Merchandise

What type of merchandise did you receive? _____

Reason for return? _____

What DATE did you return the merchandise? __/__/____

Did you get a credit receipt or credit advice? Yes No

If yes, has it been longer than 30 days to allow ample time to process the credit? Yes No

If no, please explain WHY. _____

*Must provide proof of return, i.e., USPS receipt, Overnight Delivery receipt, etc.

Merchandise or Services Not Received
Did the merchant provide a delivery date? Yes No
What was the expected delivery DATE? __/__/____
If yes, has it been longer than 30 days to allow ample time for receipt of merchandise or services? Yes No

Incorrect Tran Amount
*Must provide a copy of the receipt with the correct transaction amount.

Paid by Other Means
*Must provide a copy (proof) of OTHER MEANS of payment; i.e. canceled check, bank statement, credit card statement, etc.

Fraudulent Transaction
 I did not authorize the above transaction(s); however the card was in my possession.
 At the time of the transaction, the card was LOST. DATE lost? __/__/____
Date you reported the card lost and closed the account: __/__/____
 At the time of the transaction, the card was STOLEN. DATE stolen? __/__/____
Date you reported the card stolen and closed the account: __/__/____
 For Self Service Terminals such as Automated Fuel Dispenser, Car Washes, or Video Rentals, transactions MUST occur AFTER the card was lost or stolen.
 Yes, the transaction occurred after the card was lost or stolen.
 At the time of the transaction, the card was lost.
 At the time of the transaction, the card was stolen.
 The status of the card is clearly documented as LOST or STOLEN and the DATE the card was lost or stolen. (DATE: __/__/____)

Other

Details pertaining to dispute:

Date: __/__/____ Signature: _____

EBT Certifies that the cardholder has indicated the transaction is fraudulent.
Date __/__/____ EBT Employee Signature: _____

CARD NUMBER _____