Notification of Disputed Transaction - MasterCard

Cardholder Name:			_	
Card Number:]- [
1. Transaction Information				
Transaction Date	Merchant Name		Dollar Amount	
/				
2. Dispute Reaso	n/Elaboration			
I am disputing the tr	ansaction(s) in question because	e of the following reas	on(s):	
☐ The transaction(s) litransaction(s).	sted below are unauthorized.* No one	authorized to use this acco	ount signed for or participated in the	
At the time of th	ne transaction(s), please indicate status	of card (Please check one	e):	
☐ Card Lost	Date card was Lost//	☐ Card Stolen Date	card was Stolen//	
☐ Card still in	Accountholder's possession.	☐ New or Reissue Ca	rd Never Received	
If cardholder still in poss	session of card is counterfeit card use s	suspected?	□No	
☐ The charge(s) was p statement.	paid by another means. <u>Enclosed</u> is a c	copy of the cancelled checl	k/cash/credit receipt or account	
☐ The amount signed sales receipt.	for on the salesdraft differs from the an	nount billed on the monthly	statement. Attached is my copy of the	
	authorized and then canceled. A cred If no credit voucher was issued, please			
☐ I have been billed m	ultiple times (2 or more) for the same p	ourchase. The original cha	arge posted to my account on	
	th the merchant above. I have not rece for credit but no credit has posted to m		expected by/ I have	
☐ I cancelled this rese	rvation on/ The cance	ellation number provided to	o me is as follows:	
☐ I cancelled this recumerchant.	rring charge with the merchant on	_// No charges	after this date are authorized from this	
	dise different from what I ordered. Atta eived, and that an attempt to return the		plaining what was expected from the	
Cardh	older Signature		Date	

^{*}If additional room is required to describe your dispute, please use the back of this form

Multiple Dispute Listing

Cardholder Name:					
Card Number:		-			
2. Transaction Information					
Transaction Date	Merchant Name	Dollar Amount			
2 /					
3//					
4/					
5//					
6//					
7// 8/_/					
9/					
10//					
11//					
12/					
13/					
14/					
15/					
16/					
17/					
18/					
19/					
20/					
	Cardholder Signature	Data			
	Cardholder Signature				



Merchant Dispute Questionnaire

Member Signature:	Date:
Have you previously had fraud on your account	nt? □Yes □ No If yes, describe the situation(s):
*Attach all receipts, instructions/pamphlets, e-r	mail, etc. received from the merchant.
What action did the merchant take to reso	olve?
Explanation:	
Person you talked to:	
Date Contacted:	
What action did you take to resolve with	
Explanation:	
•	
Why are you disputing the transaction(s)	?
7 tillourie Disputedi.	
Amount Disputed:	
Member Name:	