



Member FDIC | Equal Housing Lender

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Cardholder Dispute Item Statement

First Name:		Last Name:	
Submitted on:			
Date			
Cardholder Name			
Cardholder's Address (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Email Address (required)			
Home Phone Number			
Work Phone			
Card Number (required)	First 6 Digits		Last 4 Digits
Does your card have a Chip? (required)			
Type of Loss: (required)			
I have examined the charge(s) on my account and question the following transaction(s): (Add more information in the "Additional information" section at the bottom if necessary.)			
Merchant #1 Name			
Merchant #1 Amount			
Merchant #1 Transaction Date			
Merchant #2 Name			
Merchant #2 Amount			
Merchant #2 Transaction Date			

Merchant #3 Name	
Merchant #3 Amount	
Merchant #3 Transaction Date	

The following explains my dispute:

(required)	
Date returned merchandise/cancelled services (if applicable)	
Date I contacted the merchant and cancelled the monthly recurring transaction (if applicable)	
Date reservation cancelled (if applicable)	
My reservation cancellation number is (if applicable)	
Reason for requesting a copy of the sales draft (if applicable)	
Other described below (if applicable)	

In dispute cases except those related to lost/stolen/counterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:

Attempt to Resolve Information:

I have made an attempt to resolve with the merchant. (choose one) (required)	
Date of Contact	
Contact method (required)	
Description of Other	
Merchant's Response	

If no attempt, why not?

Additional Comments

Additional information

FI Internal Use ONLY:

If applicable, date the card was blocked: _____