

Cardholder Statement of Dispute or Discrepancy

We must receive completed form within sixty (60) days from the closing date of the statement on which the disputed transaction appeared. Cardholder must attempt to resolve MasterCard® Debit dispute with merchant before we can take action. Failure to provide all requested documents could affect the outcome of your claim.

PART I – Please complete each item in this section in order for your claim to be processed.

CARDHOLDER NAME		CARDHOLDER ADDRESS (STREET CITY STATE ZIP CODE)			
TRANSACTION TYPE: <input type="checkbox"/> ATM / POS <input type="checkbox"/> MASTERCARD DEBIT		SHARE SAVINGS ACCOUNT NO.			
CARD NO.	TELEPHONE NUMBER (H) ()		TELEPHONE NUMBER (W) EXT ()		

I have verified the charges made to my account and I dispute the following item:

ATM LOCATION / MERCHANT'S NAME		DATE MERCHANT WAS CONTACTED / /
POSTING DATE (MO/ DAY/ YR) / /	TRANSACTION DATE (MO/ DAY/ YR) / /	DOLLAR AMOUNT \$

PART II – Please check and complete the one category which BEST describes the disputed transaction.

- I certify that the above ATM transaction resulted in a discrepancy. Amount Requested \$_____ Amount Received\$_____.
- The charge was paid by check or cash but also appeared on my statement. **(Please enclose a copy of your sales slip and/or copy of front and back of cancelled check.)**
- The amount I charged differs from the amount billed. **(Enclose a copy of your sales voucher or rental agreement. Rental agreements are subject to final audit by the merchant.)**
- I received a credit on the above transaction and it has not appeared on my statement. **(Please enclose a copy of credit voucher or credit acknowledgement. Please ensure that 30 days have passed from date of credit slip.)**
- I did authorize the sale but have not received the merchandise or services. **(Contact the merchant; advise that you have not received the merchandise and/or service and request a credit voucher. Please explain in detail on the back the results of your contact. Also, supply the date you expected to receive the merchandise or services.)**
- I did authorize the transaction but the merchandise received was defective or unsuitable and has been returned. I requested a credit from the merchant. **(Enclose copy of sales voucher and explain details of what was defective, unsuitable and returned for credit. Provide a copy of the postage return receipt with the date that the merchandise was returned. If the merchandise was refused by the merchant, please provide a copy of the refusal notice.)**
- I did authorize the transaction but attempted to cancel with the merchant. **(Please provide a copy of the contract, the date on which you cancelled with the merchant, and the cancellation number. If a cancellation letter was mailed to the merchant and sent by certified mail, please provide a copy of this documentation.)**
- I did authorize the transaction but the merchandise received was not what was expected. **(Please provide a copy of what the merchant stated you would receive, the date the merchant was contacted about the error, and the date the merchandise was returned. Include a copy of the return receipt and the details of the contract with the merchant.)**
- Only one transaction was authorized. Charge is a duplicate of the sale that was charged to my account on ___/___/___.

SIGNATURE	DATE (MO/ DAY/ YR.) / /
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