

## Cardholder Dispute Form

### TRANSACTION INFORMATION

Date	Phone Number	
Cardholder Name	Card Number	
Merchant Name	Amount	Transaction Date

### DISPUTE DETAILS

Choose ONE category that best describes your dispute:

I did not participate or authorize this transaction. Select one of the following statements and a SAFE/FRAUD option listed below.

My card is in my possession.

My card was lost or stolen at the time of transaction.

**AND**

#### SAFE/FRAUD Reporting Options

**00 - Lost Card:** Cardholder asserts card is lost.

**01 - Card Stolen:** Cardholder asserts card has been stolen.

**02 - Card Not Received:** Cardholder asserts that he/she never received the card in the mail.

**03 - Fraudulent Application:** Cardholder asserts that he never completed an application for the card. **(There are no chargeback rights for this issue)**

**04K - Counterfeit Convenience Check**

**04N - Counterfeit PIN Not Used:** Cardholder still has card in possession and transaction is card present.

NOTE: Not to be used on MCC 5542.

**04P - Counterfeit PIN Used**

**05 - Account Take Over:** Cardholder asserts that an unauthorized person contacted the bank and had the address and other information updated to his own. **(There are no chargeback rights for this issue)**

**06 - Fraudulent Use (MOTO, CNP):** Cardholder did not authorize or participate in a mail/phone/e-commerce transaction. Can also be used for key-entered transaction when another code does not apply.

**07 - Imprinting of Multiple Drafts:** For reason codes Visa 67. Verify use based on cardholder documentation, status of card and transaction type.

I do not recognize this transaction.

I paid for this purchase another way, but it still posted to my statement. I have provided:

A cash receipt.

Copies of both sides of a cancelled check.

The credit/debit card statement where the valid charge appears.

(Note: One of the above is **required** before Farm Bureau Bank can assist with your dispute.)

This charge posted to my account twice, but I only authorized one purchase. The valid charge posted on \_\_\_\_\_.

My credit cards are still in my possession.

The charge posted to my account for an amount different from the amount on my receipt.

I have enclosed a copy of my receipt showing the difference.

I have not enclosed a copy of my receipt showing the difference.

I have not received expected goods or services. The expected date of delivery/completion was \_\_\_\_\_. I have contacted the merchant and the response was \_\_\_\_\_. (Please place additional details of this dispute on the second page of this form.)

The merchandise received was not as described, poor quality, damaged, or unsuitable for the purpose intended. I returned (or attempted to return) the merchandise on \_\_\_\_\_. I have contacted the merchant and their response was \_\_\_\_\_.

(Please provide details of what was wrong with the merchandise on the second page of the form, and include proof the goods were returned to the merchant, such as a tracking number.)

I have returned merchandise to the merchant. A copy of my credit slip is enclosed.

I have returned (or attempted to return) merchandise to the merchant. I did not receive a credit slip because

\_\_\_\_\_ .

I was informed of the merchant's return policy.

I was not informed of the merchant's return policy.

The merchant's response to the return was \_\_\_\_\_ .

I cancelled the transaction with the merchant on \_\_\_\_\_ .

I was informed of the merchant's return policy.

I was not informed of the merchant's return policy.

The merchant's response to the cancellation was \_\_\_\_\_ .

(Please include any contracts or correspondence to and from the merchant)

I cancelled the hotel reservation on \_\_\_\_\_ . My cancellation number is \_\_\_\_\_ . (If a cancellation number was not supplied, please provide a telephone statement showing the cancellation call to the merchant.)

**DETAILED EXPLANATION**

NOTE: Please provide a detailed explanation of the above dispute.

**AGREEMENT**

I declare the aforementioned facts are true and accurate to the best of my knowledge and agree to indemnify the Bank for any cost or loss to the Bank as a result of any of the information in this statement being untrue.

Cardholder Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Statement taken by

Date

\_\_\_\_\_

\_\_\_\_\_