



MasterCard Dispute Forms

Unauthorized Transaction

Date: ____ / ____ / ____

Customer Name: _____

Re: Credit Card account number ending in _____ [Last4]

I wish to confirm the details of the disputed transaction on my President's Choice Financial® MasterCard® account with the merchant named below:

Disputed transaction(s):

Transaction Amount	Merchant Name	Transaction Date
_____	_____	____ / ____ / ____

Please place an "X" in front of the **one** most applicable statement.

Cardholder Unauthorized

I have not, nor has anyone else authorized by me, engaged in the transaction listed above.

Duplicate / Fraudulent Transaction Processing

I or someone authorized by me engaged in a transaction for \$ _____ at this merchant location, but did not engage in an additional transaction for \$ _____ at this same merchant location. I or someone authorized by me, was also in possession and in control of all valid cards at the time of the disputed transaction.

I hereby acknowledge the above information to be true and understand that if proven otherwise, the provisional dispute credit processed to my account will be re-debited.

____ / ____ / ____

Date

Cardholder Signature