

# MasterCard Dispute Forms

## Overcharged or Already Paid

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.

**Incorrect Amount Billed**

I was billed the incorrect amount by the above merchant. A copy of the sales slip, itemized bill, merchant agreement and/or advertisement confirming the amount authorized by me is attached. *Please provide further details of the billing discrepancies below.*

\_\_\_\_\_

**Service/Goods Payment by Other Means**

Provide details of alternate means of payment for the goods or services. *(Proof of alternate payment must be provided such as front and back of cancelled cheque, credit/debit account statement or cash receipt)*

\_\_\_\_\_

**Alternative Payment by Travel Voucher**

Provide details of Merchant's acceptance of a voucher: *(include proof of acceptance may include a copy of the voucher or travel itinerary):*

\_\_\_\_\_

**Telephone Activated Transaction Billing Discrepancies** (i.e. over charged)

*Please provide details of the billing discrepancies associated with the telephone activated 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**