

## MasterCard Dispute Forms

## **Cancelled or Credit Not Processed** 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 Please place an "X" in front of the **one** most applicable statement. Cancelled Recurring Transaction I notified the above merchant, prior to the date of the transaction, to cancel the pre-authorized transaction. The cancellation date was \_\_\_\_/ \_\_ and made by \_\_\_\_\_ (phone/email/fax/in person, or other). Please specify and include any documentation which supports the cancellation: **Credit Not Processed** I have not received credit for merchandise returned/services cancelled. Please refer to the following details about the transaction and attached proof of return/merchant's acceptance of my cancellation. Please complete the following: 1. I have the following documentation available which supports that a credit is due (such as a credit voucher, in-store credit, or voided draft) 2. The details of the merchandise return are as follows: Merchandise was returned on: \_\_\_\_/ (Date) 3. Merchandise was returned to: Indicate how the merchandise was returned (i.e. to the store location or via mail etc.) If Merchandise was returned via Post, provide copy of a postal or shipping receipt confirming the return to the merchant. **Cancelled Services** If services were canceled, please provide details about the cancellation and date of cancellation. 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. 77000E

**Cardholder Signature**