



DEBIT CARD DISPUTE WEBFORM

Thank you for contacting us regarding a dispute on your NavyArmy debit/check card. Please complete the form and indicate the circumstances that apply to your dispute.

Card Number: _____ **Cardholder's Name:** _____

Merchant Name: _____

Transaction Date	Dollar Amount	Dispute # (Accounting Use)

Please check the ONE category that best describes your dispute. An inadequate description will result in delayed provisional credit for the charges and may even affect our ability to dispute the charges. Provisional credit will be issued within TEN (10) business days.

<input type="radio"/>	<p>I certify that I did not make or participate in this purchase and believe the transaction(s) occurred due to:</p> <p><input type="checkbox"/> FRAUD <input type="checkbox"/> STOLEN CARD <input type="checkbox"/> LOST CARD</p> <p>Note: 1) Card cancellation required for any amount; 2) We may request police report for amounts greater than \$250.00. <i>Proceed to signature line below.</i></p>
<input type="radio"/>	<p>I did authorize this purchase for product/merchandise or payment for service, but I paid by other means or the amount differs from bill.</p> <p>One of the following is required:</p> <p><input type="checkbox"/> COPY OF CASH RECEIPT <input type="checkbox"/> COPY OF FRONT AND BACK OF CANCELLED CHECK <input type="checkbox"/> COPY OF CREDIT CARD STATEMENT ON WHICH PURCHASE APPEARS</p> <p>Note: To file a dispute, you must contact merchant first. <i>Proceed to signature line below.</i></p>
<input type="radio"/>	<p>I did authorize this purchase for product/merchandise or payment for service, but:</p> <p>(check one)</p> <p><input type="checkbox"/> Only one sale authorized and a duplicate charge appears on statement. <input type="checkbox"/> The merchandise was returned due to defect. <input type="checkbox"/> I did not receive the expected service. <input type="checkbox"/> I did not receive product/merchandise. <input type="checkbox"/> I attempted to cancel this purchase with the merchant. <input type="checkbox"/> The merchant's credit was not processed.</p> <p>Note: To file a dispute, you must contact merchant first. <i>Proceed to signature line below.</i></p>

Cardholder's signature must appear below in order for request to be processed.

Cardholder's Signature: _____ Date: _____

Home/Cell Phone#: _____ Work Phone#: _____



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Please answer the list of questions below. It is important to be as detailed as possible as this description will be used for the dispute submitted to MASTERCARD. *An inadequate description will result in delayed provisional credit for the charges and may even affect our ability to dispute the charge(s).* It is important to include all communication with the merchant, and any written documentation, including receipts and contracts. Additional response space is available on the back of the page.

Note: To file a dispute, merchant must be contacted first.

Products / Merchandise Ordered- Trial Offers- Services Requested

Did you sign a contract? YES NO

Did you receive the product/merchandise/service? YES NO

Who did you speak to? _____ Date: _____

Is the merchant going to issue any credit? YES NO

What was the merchant's response?

Motel/Hotel Reservations

Did you cancel within 24 hours? YES NO

If yes, cancellation number: _____

Did you accept the room? YES NO

Note: walking in and placing bags down is considered acceptance, no chargeback rights.

Hotel Contact: _____ Date: _____

Is the merchant going to issue any credit? YES NO

What was the merchant's response?

