

PCard Transaction Dispute Form

INSTRUCTIONS

- After attempts to reach an agreement with the seller have failed the Cardholder should contact the bank at 800.270.7760 to file a formal dispute. Contact should be made within 60 days of the transaction posting date to be considered by the bank.
- Complete applicable fields below.
- Submit the completed form to your Independent Reviewer within 48 hours of notifying the bank of the dispute.

Cardholder Information (Print or type; all requested information is required.)

Last Name	First Name	Middle Initial
Phone 351 SSU E-mail Address	Last 4 Digit	s of Credit Card #
Disputed Transaction Information		
Merchant Name		
Transaction Date	Transaction Amount_\$	
Check the Reason for the Dispute (S	elect only <u>one</u> explanation below.)	
I did not make nor authorize the above tran	nsaction.	
There is a difference in the amount I author	rized and the amount I was billed.	
I was previously billed (e.g., double billed)	for this transaction. (Date of previous cha	arge:)
I do business with the listed merchant regu	larly; however, I do not recognize the	e above transaction.
□ I have received a credit voucher from the n appeared on my account.	nerchant for the above transaction, b	ut it has not yet
The above transaction is mine, but I am dis (Please explain dispute below, such as merchandise was retu		with the vendor.)
Cardholder Signature:		Date:
Additional Comments:		