

# Dispute Form



**TO THE CARDHOLDER:** This form has been forwarded to you for your convenience. Regulations require that you notify us in writing within 120 days of the post date of the disputed charge.

Please be advised that **MasterCard requires that attempts be made to resolve your dispute directly with the merchant before filing a dispute with us.** Any response received after the above-mentioned time frame may result in our inability to assist you with your dispute.

**\*\* Please fax this notification to 501-687-1460 or send via email to support@myhsatoday.com**

Name \_\_\_\_\_ Email \_\_\_\_\_

Card No. \_\_\_\_\_ Merchant Name \_\_\_\_\_

Amount \$ \_\_\_\_\_ Transaction Date \_\_\_\_\_ Post Date \_\_\_\_\_

**REQUIRED:** You must first attempt to resolve your dispute directly with the merchant. If that effort is unsuccessful, file this dispute form. After choosing the reason for your dispute below and signing this form, provide a detailed explanation on the reverse side of this sheet. Regardless of the reason for the dispute, list details of your conversation (date, department or person name, resolution of conversation and documentation that supports the dispute. Additionally, provide any further details required to support the specific reason for the dispute as required below.

**I have contacted the merchant in an attempt to resolve my dispute, but continue to dispute the above charge for the following reason (check one option):**

- ☐ I have been billed more than once by the same merchant. I authorized one charge with this merchant for \$ \_\_\_\_\_ (amount) on \_\_\_\_\_ (date), but I did not make or authorize \$ \_\_\_\_\_ (amount) on \_\_\_\_\_ (date). My debit card was in my possession at the time of the disputed transaction. **\*Required to submit copy of valid charge transaction\***
- ☐ I have been charged for a purchase that was paid for by other means (other credit card, check, cash, etc.). **\*Required to submit copy of other method of payment, such as credit card statement or cash receipt; if check, submit copy of front and back of cancelled check\***
- ☐ I have been billed for the wrong amount on my account. My credit card receipt shows \$ \_\_\_\_\_ (amount). However, I was billed \$ \_\_\_\_\_ (amount). **\*Required to submit copy of transaction receipt showing correct amount\***
- ☐ I do not recognize this charge. **\*I have contacted the merchant in an attempt to resolve but have been unsuccessful\***
- ☐ I did not authorize this charge. **\*I have contacted the merchant in an attempt to resolve but have been unsuccessful\***
- ☐ Merchant was to issue credit for goods returned, or attempted to be returned on \_\_\_\_\_ (date). This credit has not posted to my account. **\*Required to submit explanation of return, copy of credit receipt or copy of return mail receipt\***
- ☐ I have not received the Services/Merchandise that I was charged for. The Service/Delivery date was \_\_\_\_\_. **\*If quality dispute, a Second Opinion letter from another merchant in support of your claim is needed\***
- ☐ I canceled the Service/Airline Ticket/Hotel Reservation on \_\_\_\_\_ (date), Cancellation number \_\_\_\_\_.

**IMPORTANT:** If there are dependent cards on this account, please verify that the charge was not processed by any of the cardholders before filing this dispute.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE

## Statement of Incident

**DETAIL OF INCIDENT:** Please include all details, including when you noticed the charge; if the card was physically stolen; and any other pertinent information. (If additional space is needed, attach another sheet to this form.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**CONTACTS REGARDING DISPUTE(S):** Please list all contacts both phone and electronic, that were part of this investigation. Names and phone numbers should be listed along with the date(s) the person(s) was/were contacted. A police report is also strongly suggested. (If additional space is needed, attach another sheet to this form.)

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POLICE REPORT NO. (IF ANY) \_\_\_\_\_

**I understand that making a false sworn statement is subject to Federal and/or State statutes and may be punishable by fines and/or imprisonment.**

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SIGNATURE**

DATE \_\_\_\_\_

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**PRINT NAME**