

Transaction Dispute Form

This form must be completed and submitted as soon as a suspected fraudulent card transaction is identified. Transaction Dispute forms must **be received within 110 calendar days from original transaction(s) date**. Otherwise the dispute rights with merchant/association may have expired. Complete **all fields** in this form.

If you have additional questions, please contact the phone number on back of your card.

Cardholder name	Benefit Administrator's Name:
Cardholder mailing address	Cardholder Phone #
City and state	Zip code

Card Number	Date of Settled Transaction	Transaction Amount	Merchant Name

Note: Please use a separate sheet of paper using the exact format above if additional dispute explanation is required and/or additional transactions need to be disputed. Date and signatures are required both on this form and any attachments. Failure to do so may affect transaction dispute rights.

REASON FOR DISPUTE- PLEASE CHOOSE ONLY ONE

1. I did engage in the above transaction: However, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant and requested a credit adjustment that has not been received or was not satisfactory. I am disputing the charge because:
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2. I made one purchase with this merchant within the last 110 days and have been billed correctly for this. However, I have been billed by this merchant for an additional purchase which I did not make or authorize; all my cards are in my possession.
3. The amount of the sales slip was increased from \$_____ to \$_____. Enclosed is a copy of my sales slip. No additional charge was made or authorized to be added to my sales slip.
4. I have contacted the merchant giving them notification of cancellation prior to the date of this transaction. The exact date of the cancellation was: _____. The cancellation # is: _____.
5. I certify the charge(s) above was/were not made by me or a person authorized by me to use my card, nor were goods or services, represented by the above transaction(s) received by me.
Date card lost or stolen: _____ Police Report Number: _____ State: _____
6. Other or additional charges (for additional space use back of form if applicable):
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Due to the nature of disputes, the consumer must report card as lost/stolen due to fraud in order for the dispute process to begin. Cardholder certifies that the above statements are true and correct, to the best of their knowledge.

I acknowledge that all information contained or submitted with this declaration is true.

CARD HOLDER(S) SIGNATURE(S): signatures of all persons authorized to use the card are required.

Name	Signature	Date

*Fax or mail the completed form to:
(Please retain a copy of your fax and/or certified mail receipt)*

**Cardholder Services
Fax Number: (954) 377-0072**

**Cardholder Services
P.O. Box 7235
Sioux Falls, SD 57117-7235**

Transaction Dispute Form

Instructions for Completing the Transaction Dispute Form (please read)

1. **Complete all fields in the form.** Incomplete forms will delay the dispute process.
2. Sign and Date the form. Without a signature your dispute cannot be processed
3. Fax or Mail the form to Cardholder Services (contact information is at the bottom of the form). If you fax this form, please save your fax transmittal/confirmation. If you mail this form, please send via registered mail and save your receipt. Otherwise this could affect transaction dispute rights.
4. This form is not to be used for questions on non-card swipe related account adjustments, why a transaction was denied or documentation request notifications received, for these question, please contact the number on the back of your card.

REQUIRED FIELDS

Cardholder name – Name of the cardholder as printed on the front of the Debit Card
Cardholder mailing address – Cardholder's mailing address
City and state – Cardholder's mailing address city and state
Cardholder phone # – Cardholder's primary phone number including area code in case we have questions regarding this dispute
Zip Code – Cardholder's mailing address zip code
Debit Card number – 16-digit account number printed on the front of the Debit Card
Date of Settled Transaction – Date the transaction posted/settled to the account. <i>A transaction cannot be disputed until it has settled.</i>
Transaction Amount – Total purchase amount for the transaction in question
Merchant Name – Name of the merchant location where the disputed transaction occurred

TRANSACTION DISPUTE PROCESS

If you suspect fraud or error on your card:

1. Contact the number on the back of your card immediately.
2. If this is an unrecognized transaction, ask the customer service representative to have your card reported as lost/stolen and replaced. If your card is not reported as lost/stolen, the dispute process cannot begin. Disputes received where card is not reported as lost/stolen/replaced may delay the dispute process.
3. Complete the Transaction Dispute Form and fax or mail to Cardholder Services (contact information on bottom of page 1). **It must be received within 110 days of the original transaction date.**
4. Your account will receive a provisional credit within 10 business days once your dispute request has been validated and a case has been opened.
5. If Cardholder Services notifies you via mail and requests that you provide additional dispute documentation, it must be received within 20 calendar days from the date listed on the letter sent to you in order to avoid having the provisional credit reversed.
 - o *Submission of a police report should not be considered a substitute for responding to follow up affidavits received requesting signatures or other dispute documentation.*
6. If the Merchant for the transaction provides adequate documentation to deny your claim (within 30 calendar days of the provisional credit), then the provisional credit will be reversed and the dispute will be denied.
7. The typical time frame for a disputed transaction to be considered complete with permanent credit on your account is within 45-60 calendar days from the date the completed Transaction Dispute Form is received.