Cardholder Services, Dispute Resolution

PO Box 551617

Jacksonville, FL  32255

Full Name:

Date:

RE: Card ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (back bottom left side of card)

**Transaction Dispute Form**

**Instructions**:  Thank you for contacting us with your concerns about the transactions on your prepaid card account. To assist with the investigation of these transactions, you must provide written confirmation of the dispute. Completing and returning this form will qualify as written confirmation. You may also send us a letter describing the transactions being disputed and the reason you believe these transactions to be unauthorized or erroneous. Your letter must identify you and your card account so we can investigate your dispute.

Return this form, other written confirmation, and any supporting documents to us at:

Cardholder Services

Fax: 855.532.8180

or

Cardholder Services

P.O. Box 551617

Jacksonville, FL 32255

You must return this form or provide other written confirmation of your dispute within 10 business days of the verbal notification date above to receive any available provisional credit. After our investigation is complete, we will inform you of the results in writing or by phone.

By providing a telephone number, you expressly consent to receiving calls regarding your dispute at this number, including auto-dialed calls and prerecorded or artificial voice message calls. Calls to a mobile number may incur fees from your cellular provider.

If we have questions regarding this dispute, we will use the below information to contact you. Please supply the best contact info:

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|  |  |
| --- | --- |
| Address: |  |
| City: |  |
| State: |  |
| Zip: |  |
| Mobile Phone: |  |
| Home Phone: |  |
| Work Phone: |  |
| e-mail: |  |

Please identify the disputed transactions:

| **Merchant** | **Date of Transaction** | **Amount of Transaction** | **\* Reason for Dispute** | **Have you provided this merchant with your card number?** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |

When did you first learn of these transactions?



Is your card currently in your possession?

 Yes  No

Has anyone else been allowed to use the card?

 Yes  No

If yes, who and when?



Have you given your PIN to any one?

 Yes  No

If yes, who and when?



Has your card been lost or stolen?

 Yes  No

if yes, when did you first notice your card was missing?



Have you filed a police report regarding the disputed transactions or a lost/stolen card?

 Yes  No

If yes, who did you file the report with?



When did you file the report?



What is the report number?



Please provide a copy of the police report.

Do you believe these transactions are the result of ID theft?

 Yes  No

If yes, have you filed a police report regarding the ID theft?

 Yes  No

If yes, who did you file the report with?



When did you file the report?



What is the report number?



Please provide a copy of the police report.

Are you disputing an ATM transaction because the ATM machine did not give you the requested amount?

 Yes  No

If yes, how much did you request?



If yes, how much did you receive?



Do you have a receipt?

 Yes  No

\*If you have a receipt, please include a copy when you return this form.

If you are disputing charges made by a merchant, please answer the following:

Have you provided the merchant with your card information for the disputed transaction(s) or any prior transaction?

 Yes  No

Have you previously conducted transactions with the merchant?

 Yes  No

Are you disputing a recurring transaction?

 Yes  No

If yes, have you contacted the merchant to cancel the transactions?

 Yes  No

If yes, when?



Are you disputing the amount of the transaction or number of times the merchant charged your card?

 Yes  No

If yes, what amount and number of transactions was authorized?



Are you disputing the transaction because the merchant did not supply the goods or services you purchased?

 Yes  No

If yes, what goods or services did your purchase?



When did you expect to receive the goods or services?



Were any goods or services provided by the merchant?

 Yes  No

Was there something wrong with the goods or services you received?

 Yes  No

If yes, what?



Do you have the receipt for your purchase?

 Yes  No

If yes, please provide a copy with this confirmation.

Have you contacted the merchant about this issue?

 Yes  No

If yes, when?



Are you disputing this transaction because you expected the merchant to refund or reverse this transaction?

 Yes  No

If yes, what goods or services did your purchase?



When did you expect to receive the refund or reversal?



Have you contacted the merchant about this issue?

 Yes  No

If yes, when?



Were any goods or services provided by the merchant?

 Yes  No

Do you have the receipt for your purchase?

 Yes  No

If yes, please provide a copy with this confirmation.

If you did not authorize the disputed transactions (meaning you did not conduct the transaction and did not authorize someone else to conduct the transaction), please answer the following:

Do you know who conducted the transactions?

 Yes  No

If yes, please provide the name and address or other contact information for this person.



If yes, does this person live with you?

 Yes  No

Have you previously given this person access to your card?

 Yes  No

Have you previously given this person permission to use your card

 Yes  No

Please provide any additional details you believe may assist us in investigating your dispute.



**By submitting this and any other documentation to us in support of this dispute, you affirm that the information is accurate and complete to the best of your knowledge.** Please be advised, that to if our investigation uncovers the possibility of criminal activity, we may present information regarding this activity, including this confirmation and the supporting documents you provide, to appropriate law enforcement agencies.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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