



Butterfield

www.butterfieldgroup.com

CREDIT/DEBIT CARD DISPUTE FORM

Card Services

A cardholder has 45 days from the date of the transaction to dispute the charge.

Please Note: Your card account will be billed \$20 for each disputed charge if it determined that the disputed charge is a valid one.

Cardholder's Name: _____ Last 4 digits on card:

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Telephone Work: _____ Cell: _____ CIF #: _____

E-mail Address: _____

Date of Transaction	Amount	Merchant Name

- I am requesting a copy of the sales draft. I understand that I will be charged for each Sales Draft requested.
- Although I did engage in the transaction(s) I have been billed the wrong amount. Enclosed is a copy of my sales draft (*required*) showing that I agreed to pay \$_____, however my card was billed \$_____.
- I have been billed more than once for the same transaction. I authorized only one charge with this merchant for the amount of \$_____ on the date of ___/___/_____. I did not authorize the additional charge from this same merchant in the amount of \$_____ which posted on the date of ___/___/_____. My card was in my possession at all times.
- I have not received a credit for returned merchandise. Merchandise was returned on ___/___/___ via _____ (DHL, FedEx, UPS, etc) and my tracking number is _____. Return was due to: _____.
- My account has been charged for the transaction listed above, but I have not received the service or merchandise. I expected to receive _____ from the merchant on ___/___/_____.
- My card number was used to secure this purchase; however, the final payment was made by another means. Enclosed is my cash receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means (*required*).



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The item purchased is not as described or is defective. I purchased: _____ and the item is not as described or defective due to: _____

Enclosed are invoices, receipts, rental contracts, etc. that support my claim.

I notified the merchant to cancel this service on ___/___/____. I originally expected to receive the service by ___/___/____ but I cancelled via _____ (phone, email, website, etc.) because _____

The merchant's response upon my cancellation was _____. If applicable; I received a cancellation number of _____.

None of the above (write details below).

I/We understand that Butterfield will perform a thorough investigation in order to determine the outcome of this dispute. All parties on this account will need to sign this form and return to the Bank.

Comments: _____

Signature _____

Date _____

PLEASE RETURN COMPLETED FORM TO: RISK@CARDSVCS.COM OR 402-315-4916