

NOTIFICATION OF DISPUTED TRANSACTION

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate piece of paper. Please include a copy of your statement highlighting the disputed transactions and then return it to: Customer Service, TA-24, P.O. Box 30495, Tampa FL 33630-3495.

Print Name: Account #:
Transaction Amount: Transaction Date:
Dispute Amount: Reference #:
Merchant:

- I certify that the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge.
Although I did participate in a transaction with the merchant, I was billed for transaction(s) totaling \$ that I did not participate in, nor did anyone else authorized to use my card. I do have all my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.
I have not received the merchandise that was to have been shipped to me. Expected date of delivery was (mm-dd-yy). I contacted the merchant on (mm-dd-yy) and the merchant's response was . (In order to assist you more effectively, you must contact the merchant and inform us of their response.)
I have returned merchandise on (mm-dd-yy) because . (Please provide a copy of the return receipt, or proof of return.)
The attached credit slip was listed as a charge on my statement.
I was issued a credit slip for \$ on (mm-dd-yy), which did not appear on my statement. A copy of my credit slip is enclosed.
Merchandise, which was shipped to me, arrived damaged and/or defective on (mm-dd-yy). I returned it on (mm-dd-yy). Merchant's response was . A copy of my credit slip and/or postal receipt is enclosed.
I have been billed an incorrect amount. My credit card receipt shows \$. However, I was billed \$. (Please send a copy of your sales receipt.)
I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$. (Please send a copy of your sales receipt.)
I notified the merchant on (mm-dd-yy) to cancel the preauthorized order (reservation). My cancellation number is . I was/was not (circle one) informed of the cancellation policy when I made the reservation. The reason I cancelled was: . (If you do not have a cancellation number, please provide a copy of your phone bill showing the date and time of the cancellation call.)
I cancelled the subscription/membership/policy (circle one) which was charged to my account by the above referenced merchant on (mm-dd-yy). I cancelled the charge prior to the transaction date.
The transaction was paid by other means. (Please provide a copy of your cash receipt, or the front and back of your canceled check or a copy of your statement if another credit card was used.)
Although I did participate in the above transaction, I dispute the amount of \$. I have contacted the merchant and requested a credit adjustment. I either did not receive this credit or it was unsatisfactory. I am disputing this charge because .
Other. (Attach a letter describing the dispute. Please include what attempts have been made to contact the merchant and resolve.)

Signature: Date:
Home Phone: Work Phone:

To expedite the processing of your dispute, DO NOT mail this form with your payment.

Please remember to include the documentation to support your dispute.