

Account: \_\_\_\_\_  
CIF #: \_\_\_\_\_

**TIOGA STATE BANK**  
**Cardholder Disputed Item Statement**

Cardholder Name: \_\_\_\_\_ Card No: \_\_\_\_\_  
Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Type of Loss: \_\_\_\_\_ Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Card was in my possession  
at the time the  
transaction(s) occurred.

I have examined the charges on my account & question the following  
transaction(s) (attach additional sheets if necessary):

Merchant: \_\_\_\_\_ Tran Amount \$ \_\_\_\_\_ Tran Date: \_\_\_\_\_  
Merchant: \_\_\_\_\_ Tran Amount \$ \_\_\_\_\_ Tran Date: \_\_\_\_\_  
Merchant: \_\_\_\_\_ Tran Amount \$ \_\_\_\_\_ Tran Date: \_\_\_\_\_  
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Merchant: \_\_\_\_\_ Tran Amount \$ \_\_\_\_\_ Tran Date: \_\_\_\_\_  
Merchant: \_\_\_\_\_ Tran Amount \$ \_\_\_\_\_ Tran Date: \_\_\_\_\_

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The following explains my dispute:

\_\_\_\_\_ I received a price adjustment (credit slip) on the above & it has not  
appeared on my statement. I have included a photocopy of the credit slip.

\_\_\_\_\_ I certify that only one transaction was made with the above referenced  
merchant. On my statement, the same merchant has processed a second charge to  
my account, which I neither participated in nor authorized.

\_\_\_\_\_ I certify that I participated in the above transaction, but have not  
received the merchandise \_\_\_ or Service \_\_\_. (Describe in detail the  
merchandise or services you expected to receive as well as the expected date  
of delivery, also describe your attempts to resolve the matter with the  
merchant on the additional space provided).

\_\_\_\_\_ I certify that I participated in the above transaction, but have  
returned the merchandise/cancelled services on \_\_\_\_\_ (date) per the merchant's  
instructions and have not received credit. (Merchant cancellation policies may  
apply; please provide full details on the additional space provided).

\_\_\_\_\_ I contacted the merchant on \_\_\_\_\_ and cancelled the monthly recurring  
transaction. (Merchant cancellation policies may apply; please provide full  
details on the space provided).

\_\_\_\_\_ I contacted the merchant on \_\_\_\_\_ and cancelled my reservation. (Please  
provide full details on the additional space provided).

\_\_\_\_\_ My cancellation number is: \_\_\_\_\_  
\_\_\_\_\_ I was not given a cancellation number.

\_\_\_\_\_ The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant's response.

\_\_\_\_\_ The merchandise/services were not as described. (If purchase was made over the phone, please indicate what was not as described. Otherwise, please provide written documentation as to what was not as described. ie: color, quantity, etc.).

\_\_\_\_\_ I would like a copy of the sales draft. (Reason for request) \_\_\_\_\_

\_\_\_\_\_ I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. (Your card will be blocked.)

\_\_\_\_\_ Other (including ATM). Describe below. Descriptions should be typed or written clearly. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
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In dispute cases EXCEPT those related to lost/stolen/conterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe the attempt to resolve in the sections below.

Attempt to Resolve Information:

- \* I have made an attempt to resolve with the merchant (circle one): Y or N
- \* Date of contact (should be after the transaction posted to account): \_\_\_\_\_
- \* Contact method (check one): \_\_\_\_\_ Tele \_\_\_\_\_ Email \_\_\_\_\_ In-Person
- \_\_\_\_\_ Other (describe): \_\_\_\_\_
- \* Merchant's response: \_\_\_\_\_
- \* If no attempt, why not: \_\_\_\_\_

Details of dispute and/or additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use Only:

Application Taken by (CSR's Name): \_\_\_\_\_ Date: \_\_\_\_\_  
Card Blocked by (Ops Rep Name): \_\_\_\_\_ Date: \_\_\_\_\_