



# Non-Travel Related Dispute Form

You may file a dispute by faxing the completed form to 979-458-4208 Attn: Payment Card Disputes or send the completed form via email to Payment Card Office at [paymentcard@vpfn.tamu.edu](mailto:paymentcard@vpfn.tamu.edu) .

Date \_\_\_\_\_

**Cardholder Information** Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Name(s) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Transaction Information** Merchant Name \_\_\_\_\_ Phone # (if known) (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Merchant Location (if available) \_\_\_\_\_ 23 Digit Reference # \_\_\_\_\_ Transaction Date \_\_\_/\_\_\_/\_\_\_ Transaction Amount \$ \_\_\_\_\_ Disputed Amount \$ \_\_\_\_\_

I am initiating this dispute on behalf of the customer

Name \_\_\_\_\_ Relationship to cardholder \_\_\_\_\_

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

**PLEASE CHECK THE APPROPRIATE DISPUTE AND COMPLETE THE CORRESPONDING INFORMATION**

- The charge is mine, however I need a copy**
- I don't recognize this sale**
- I never authorized this transaction**

*\*\* Cardholder Signature required (unless this form is generated from the cardholder's email address):*

- I participated in only one transaction, the second one is unauthorized**

*\*\* Cardholder Signature required (unless this form is generated from the cardholder's email address):*

- I paid for this transaction by other means**

*\*\* Must provide copy of the front & back of canceled check, other credit card statement showing the second charge, cash receipt, etc. as supporting documentation*

- I was billed a different amount than my receipt shows**

*\*\* Must provide a copy of the receipt showing the amount that should be billed*

**For the following inquires, please answer the questions below**

- **An attempt to resolve this dispute with the merchant must be made. Please describe your attempt(s):** \_\_\_\_\_

\_\_\_\_\_

- **On what date(s) did you contact the merchant to resolve this concern?** \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

- I was billed for merchandise, service, or cash I haven't received**

- Describe the item(s) not received, including dollar amount of each item \_\_\_\_\_

- Date merchandise/services were to be provided \_\_\_/\_\_\_/\_\_\_

- Ship To address (if different) \_\_\_\_\_

*\*\* If the transaction was made face-to-face, proof must be supplied showing merchandise was to be shipped*

- I am disputing the Quality of Merchandise /Services received**

- List item(s) defective/not as ordered, including dollar amount of each item \_\_\_\_\_

- Describe why item(s) defective/ not as described, or incompatible: \_\_\_\_\_

*\*\* Must supply proof of what was ordered versus what was received, if made over the phone, written correspondence will be sufficient*

- Date merchandise was returned, or attempted to return. \_\_\_/\_\_\_/\_\_\_ *\*\*Must attach proof of return, if applicable*

- I am disputing a card-activated call**

- Please describe your reason for dispute, including dollar amount you're disputing

\_\_\_\_\_



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**I am being billed for a service I canceled**

- On what date did you contact the merchant to cancel the transaction: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- If you canceled over the phone, do you recall whom you spoke to? \_\_\_\_ If yes, their name: \_\_\_\_\_
- \*\* If a recurring transaction, only the transaction(s) after the cancellation date may be disputed

**I returned the merchandise and have not received credit**

- Reason for return: \_\_\_\_\_
- Date of return or credit voucher date \_\_\_\_/\_\_\_\_/\_\_\_\_
- \*\* Must provide proof of return or copy of credit receipt, if applicable
- If your merchandise was accepted for return, did you receive an in-store credit slip? \_\_\_\_ .
- \*\* If in-store credit voucher was received, original must be sent via certified mail to Bank One
- Does the merchant display a policy for returns? \_\_\_\_\_ If so, please describe that policy: \_\_\_\_\_
- If the merchandise was shipped/mailed back to merchant, to what address was it sent to? \_\_\_\_\_
- Is there a postal/UPS receipt? \_\_\_\_ \*\* If yes, must provide copy as supporting documentation

Please include additional comments that are pertinent to your dispute: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\* Supporting documentation may be faxed to 1(847) 931-8861 or Mailed to

**JPMorgan Chase  
PO Box 2015  
Elgin, IL 60121-2015  
Attn: Dispute Department**

JPMorgan Chase USE ONLY      **Circle applicable reason code** 32 41 53 55 56 57 60 59 (RS1 RS2 RS3 RS4 RS5)

**“I certify that the facts were obtained from my discussion with the cardholder and are accurate to the best of my knowledge”**

Chargeback representative \_\_\_\_\_ Date \_\_\_\_\_

**Recap of representatives attempt to resolve dispute with merchant directly:** \_\_\_\_\_

*Check applicable regulation for appropriate timeframes and member message fields*

Call Taken By/Ext. \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor \_\_\_\_\_

Best Time to call \_\_\_\_\_ Number we may reach customer back at \_\_\_\_\_