



Debit Card / Chargeback Request Form

Date: _____

MSR Contact: _____

Card # _____

Cardholder's Name: _____

I did authorize the sale, HOWEVER:

- The purchase was made in cash, check, or another credit card, but also appeared on my statement. **(A copy of the cash receipt, front and back of the cancelled check, or statement showing purchase is required.)**

- The amount I purchased differs from the amount billed. **(A copy of the sales slip or packing invoice for mail orders is required.)**

- I have received a credit slip and the credit has not appeared on my statement. **(A copy of your credit slip is required.)**

- I have received an "In Store Credit Slip" and request that my account be credited. **(The original "In Store Credit Slip" is required.)**

- I have not received the merchandise. The expected delivery date is/was: _____

- I have not received the expected services. **(Please explain in full details on 2nd page.)**

- The merchandise received was defective and returned on: _____ **(Proof of return and explanation of defect is required.)**

- I attempted to cancel this purchase with the merchant on: _____ **(Please indicate merchant's reply on the 2nd page of form with copies of any correspondence with you and the merchant.)**

- This sale was a cancelled hotel reservation. My cancellation number is _____ and the date of cancellation was: _____

- Only one sale was authorized. The amount in question is a duplicate of a sale that was charged to my account on _____. The card is in my possession.

YOUR SIGNATURE MUST APPEAR BELOW FOR REQUEST TO BE PROCESSED.

Signature

Email Address

Daytime Phone#

Email Address

Note: If explanation is needed, please complete second page of dispute form.

