



To process your claim, we will need the following documentation from you:

- ✓ **Cardholder Dispute Form** - This must be completed to receive provisional credit.
- ✓ **Claim of Fraud and Forgery** - This document will be sent to you separately by our card servicer, PSCU.
- ✓ **Cancellation notices, emails and receipts related to your disputed transaction** - These will be requested by PSCU.

Failure to return these forms may result in the reversal of provisional credit and/or your case being closed.

Questions? We're here to help! Contact us at (800) 874-5544, Monday through Friday, 8:30 a.m. to 7:00 p.m. ET.

BEFORE DISPUTING ANY CHARGES, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT.
Please return this form to us within seven days, Attention: Cards, via one of the methods below or your dispute rights may be forfeited.

- Mail: 2500 Westchester Avenue, Suite 411, Purchase, NY 10577
- Fax: (914) 641-3730

PLEASE CLEARLY PRINT ALL INFORMATION (Attach list of items, if necessary.)	
CREDIT/DEBIT ACCOUNT # (16-DIGIT CARD NUMBER):	CARDHOLDER NAME:
CARDHOLDER PHONE NUMBER:	CARDHOLDER EMAIL ADDRESS:

SELECT TYPE OF DISPUTE (Check only one.)

Do not recognize - Please contact the merchant prior to disputing the charge.

- Transaction Amount: \$ _____ Post date: _____
- When did the Cardholder contact the merchant? (mm/dd/yy) _____
- If not resolved with merchant, contact Lost/Stolen to cancel card at (888) 918-7772

I was billed twice for a single purchase - Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession

- Valid Transaction \$ _____ Post date: _____
- Invalid Transaction \$ _____ Post date: _____

Membership Cancellation - Please enclose copy of letter, e-mail, or fax informing the merchant of cancellation.

- When did the Cardholder contact the merchant? _____
- Date of cancellation: _____ Cancellation #: _____

Merchandise was returned - You must attempt to return the merchandise prior to exercising this right. Please attach signed proof of return or credit slip.

- Date returned: _____

I did not receive the merchandise - Please contact the merchant and notify us of the outcome.

- When did the Cardholder contact the merchant? _____
- What was the outcome of the merchant contact? _____
- What was the expected delivery date? _____

I was overcharged for the purchase - Please include a copy of the signed sales receipt.

My credit posted as a sale - Please attach a copy of the credit slip and the original sales slip.

The credit did not post to my account - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

I paid by other means - You must provide proof such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.

- When did the Cardholder contact the merchant? _____
- What was the outcome of the merchant contact? _____

I was charged for a hotel room, which I cancelled - Cancellation number is required.

- Cancellation number (required): _____ Cancel date: _____

- Service Dispute** - Please describe the nature of your dispute and your attempts at resolution on a separate sheet of paper and attach to this form. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.
- I did not authorize this charge** - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you must report your card lost or stolen at **1-888-918-7772** before sending in this form.

Are you in possession of your card? Yes No
 If not, was your card: Lost Stolen

Have the police been notified? Yes No
 If yes, please provide the following information:

Law Enforcement Agency
 Officer Name: _____
 Address: _____
 Phone: _____ Case/Blotter #: _____

I certify under penalty of perjury that each specific transaction listed below, and any attached to this form, was not performed or authorized by me:

DATE	LOCATION/MERCHANT/DESCRIPTION	TRANSACTION / ITEM #	DOLLAR AMOUNT

Cardholder Signature: _____ **Date:** _____