mastercard

CARDHOLDER DISPUTE FORM

This form has been provided for your convenience. If you believe that a transaction on your account is in error, you can use this form to dispute the transaction in question. **Please be advised that Mastercard® requires that attempts be made to resolve your dispute with the merchant before notifying us.**

So that we may serve you better, please let us know immediately, that you are planning to dispute a transaction by identifying the transaction online. This can be done using the cardholder website on the back of your card.

Your card must be registered in order to file a dispute. Accounts can be registered using the cardholder website printed on the back of your card. In case you are experiencing an issue registering your card online please call the customer service number listed on the back of your card or the number on the website for your virtual account.

In order to process your dispute, regulations require that you notify us in writing within 60 days from the date of the disputed transaction(s). Any response received after this time frame will not be processed.

Please complete and mail or email **a copy** of this form along with any supporting documentation to:

Mailing Address:
ATTN: Cardholder Dispute Services
PO Box 504
North Sydney NSW 2060

Email:
dispute.support@bhnetwork.com

PLEASE DO NOT ALTER THE WORDING ON THIS FORM

PERSONAL INFORMATION (Please fill this section out completely. Failure to do so will result in a delay of your claim resolution.)

Your Name: _____ Proxy Number: _____
(19-digit number above barcode on back of card)

If no 19-digit Proxy number is available, please provide the last **4 digits** of the 16-digit card number: _____

Case#: _____
Case# only required if you have already been provided one

Telephone Number: _____ Best time to call: _____

Address Line 1: _____

Address Line 2: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Transaction Information *(please refer to your statement for assistance)*

Posting Date: _____

Transaction Amount $: _____ Disputed Amount $: _____

Merchant Name: _____

Disputing more than one item? Yes ___ No ____

If yes, enter the number of items disputed: ___ (e.g. 3)

Select the dispute reason below for the transaction listed above and complete additional disputed transactions on the last page.

mastercard

Type of Dispute (*Select one*)

☐ **Charged twice for the same transaction –** I certify that the charge in question was a single transaction but was charged twice to my account. I did not authorize the second transaction.

- Sale # 1 (Valid Transaction) $_____
- Sale # 2 (Invalid Transaction) $_____

☐ **Cancellation (hotel, good, services …) –** Please enclose copy of letter, email, or fax informing the merchant of cancellation.

- Date of cancellation _____ Cancellation # _____
- Reason for cancellation _____

☐ **Merchandise was returned** - Please attach signed copy of proof of return.

- Reason for returning _____
- If you are unable to return the merchandise, please explain

_____

☐ **Merchandise not received -** Please notify the merchant of non-receipt.

- I have not received merchandise that was to be shipped or picked up on (mm/dd/yy) ____/____/____
- I have asked the merchant to credit my account No ___ Yes ____
- If Yes, when? ____/____/____

☐ **Merchandise shipped was either damaged or defective -** You must explain in detail how the merchandise was damaged or defective, provide proof and attempt to return the merchandise prior to exercising this right.

- I have asked the merchant to credit my account No____ Yes____
- If Yes, when? ____/____/____

☐ **Overcharged for a transaction -** Please include a copy of the signed sales receipt.

- The amount was increased from $ _____ to $ _____

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

☐ **No show hotel charge -** Please describe in writing what occurred. Provide information or documentation showing the reservation was canceled.

☐ **Transaction did not complete -** Please describe in writing what occurred.

- I have asked the merchant to credit my account No ____ Yes ____
- If Yes, when? ____/____/____
- If no, explain why? _____

☐ **Credit not posted to account -** Please enclose a copy of the credit slip or notice of credit from the merchant and a detailed explanation of your dispute. The merchant has 30 days to credit your account.

☐ **Transaction paid by other means -** You **must** provide proof of paid by other means such as a copy of the canceled check (front and back), a cash receipt, or a statement from another credit/debit card account.

☐ **Service Dispute -** Please describe the nature of your dispute and your attempts at resolution **in writing with this form.** Include copies of second opinions from a certified professional, repair bills, contracts or other supporting documentation.

☐ **Unauthorized 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 the unauthorized activity to us immediately.

Additional Disputed Transactions

Use the table below to list your additional disputed transactions. Completely fill out the table and choose the appropriate Dispute Type from the section above. Supply the required supporting documentation listed base on the Dispute Type selected.

Please refer to your statement for assistance.

Posting Date	Transaction Amount	Dispute Amount	Merchant Name	Type of Dispute (select type from list above)

SIGNATURE REQUIRED _____ **DATE**_____

Please keep the original for your records

Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.