

**Dispute Form:**

This form has been provided for your convenience. If you believe that a transaction on your statement is in error you can use this form to contact us. Regulations require that you notify us in writing within 60 days from the statement billing date of the disputed charge. Any response received after this time frame may result in our inability to assist you with your dispute.

**Please be advised that Visa & MasterCard require that attempts be made to resolve your dispute with the merchant before notifying us.** Please complete and email or fax this form to Manager of Credit Card Programs, at [jpmcsucc@syr.edu](mailto:jpmcsucc@syr.edu) or fax: 315-443-1986.

Name: \_\_\_\_\_

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

Merchant Name: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Posting Date: \_\_\_\_\_

Reference #: \_\_\_\_\_

Transaction Amount: \_\_\_\_\_

**Please Check one of the following choices applicable to your dispute. Include all necessary information/documentation.**

- 1. I do not recognize the above-mentioned charge. I have attempted to contact the merchant to obtain further information.
- 2. I have been billed more than once by the same merchant. I authorized one charge with this merchant only. My card was in my possession at the time of the transaction.  

Valid Charge _____	Reference # _____	Transaction Date _____
Invalid Charge _____	Reference # _____	Transaction Date _____
- 3. I canceled Service / Airline Ticket / Hotel Reservation on (date) \_\_\_\_\_ Cancellation # \_\_\_\_\_
- 4. I have not received the merchandise that was to be shipped to me on (date) \_\_\_\_\_. I have requested credit.
- 5. Merchandise that was shipped to me arrived damaged or not as described. I returned it on (date) \_\_\_\_\_ and asked the merchant to credit my account. I am providing a copy of my returned mail receipt.
- 6. Merchant was to issue credit for merchandise I returned to the store. I have enclosed a copy of my credit receipt.
- 7. I have been charged for a purchase that was paid for by other means. I am providing a copy of the documentation showing the other method of payment.
- 8. I have been billed for an incorrect amount. My receipt shows \$ \_\_\_\_\_, however, I was billed \$ \_\_\_\_\_ I am providing a copy of my receipt showing the correct amount.
- 9. I did not authorize the above-mentioned charge. I have attempted to contact the merchant to resolve dispute.  
 (If this is a VISA account, Visa regulations require that your account be closed prior to pursuing this dispute reason.  
 Please call Customer Service at 800-270-7760 to assist you in closing your account.)
- 10. Other: I am attaching detailed information that describes the dispute.

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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