



Customer Dispute Request (#513)

Instructions

Complete the fields below, obtain the cardholder's signature and submit this form via SHAZAM Access.

Card Information

PAN: _____ Date of Hot-Card with Pickup Response: _____

Cardholder Name: _____ Date of Last Valid Transaction: _____

Disputed Transactions

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

I've attempted in good faith to resolve this dispute with the merchant.

No Yes (If Yes, include details below.)

At the time of the transaction, the card was: Lost Stolen In my possession

Category

Check one category below that best describes your dispute for the transactions listed above. **Please Note:** Complete a separate form for each transaction if more than one category applies.

Unauthorized/Counterfeit Chip Transaction
I didn't authorize or engage in the transaction. The card is hot-carded.

Returned Merchandise
I returned merchandise to the merchant on _____ (date).
A copy of the delivery carrier receipt is enclosed.

Debit Card Account Billed Twice
I was incorrectly charged \$ _____ on _____ (date).
The correct transaction for \$ _____ posted on _____ (date).

Defective Merchandise/Not as Described
The merchandise arrived broken, defective or otherwise unsuitable
OR the product or service received was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to receive are enclosed. I returned or attempted to return the merchandise on _____ (date).

Merchandise or Service Not Received
I didn't receive the merchandise or services I expected to receive on _____ (date). A detailed description of the merchandise or services purchased: _____

Credit Slip Issued and Not Processed
I was issued a credit receipt that didn't post to my account.
A copy of the credit receipt is enclosed with this form.

Canceled Services/Merchandise/Reservation
I canceled the services/merchandise/reservation on _____ (date). However, the merchant continues to bill me. The reservation cancellation number is: _____.

Paid by Other Means
I paid for this transaction using cash, check or another bank card. A copy of my cash receipt, canceled check or other bank card statement is enclosed.

Non-recognition
I don't recognize this transaction. I've attempted in good faith to identify the transaction.

Incorrect Amount
I was billed _____, but the correct amount is \$ _____.
Evidence of the correct amount is enclosed.

Non-fraud Digital Goods \$25 or Less — MasterCard Only
The merchant didn't offer purchase control settings.

Cardholder Signature (must be the name listed on the card)

SHAZAM, Inc.



Note: This form is for financial Institution internal use only. Call SHAZAM Customer Service at (800) 537-5427 to report lost or stolen cards.

Card Number _____ Date of first fraud: _____

I / We _____ residing at _____

in the county of _____, state of _____, herein declare that as of _____
my / our SHAZAMChek card described above was (check one):

- Lost / stolen
- Never received in the mail
- Account number used, card(s) still in possession

Since that date, I / we have not used this card (card number _____) for the purchase of merchandise, services, cash activity, or for any other purposes. I / we have not authorized anyone else, orally or in writing, nor have I / we given consent, nor do we have knowledge of implied consent, to use or have possession of said SHAZAMChek card. I / We have not, and will not, receive goods, services, or otherwise benefit, directly or indirectly, from transactions made after the date shown above.

I / We believe that cash activity sales drafts, telephone, internet, or mail orders executed after the above reported date of my SHAZAMChek (check one):

- Card(s) lost
- Non-receipt
- Theft
- Account number used, card(s) still in possession

and bearing my purported signature, or the purported signature of person(s) authorized to use my card following the date reported above, are and will be forgeries.

I / We further state that I / we will testify, declare, depose, or certify the truth of any or all of the foregoing before any competent tribunal, officer, or person in any case now pending or that may be hereafter instituted in connection with the matter contained in this affidavit. I / We further agree that any information relating to this account may be provided to any investigative or prosecutorial agency.

Signature: _____

Phone #: _____ Date: _____

Note: This affidavit, being signed under penalty of perjury, does not require notarization. Please attach additional comments. If this is a Visa debit card, you must complete a Visa Fraud Reporting form.