



# CARDHOLDER DISPUTE AFFIDAVIT

Cardholder Name \_\_\_\_\_ Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_ Transaction date \_\_\_\_\_

**Please thoroughly read this entire form, and then choose the ONE category that best describes your dispute:**

\_\_\_\_\_ I did not participate or authorize this transaction.  
\_\_\_\_\_ My card is in my possession  
\_\_\_\_\_ My card was lost or stolen at the time of transaction.

\_\_\_\_\_ I do not recognize this transaction.

\_\_\_\_\_ I paid for this purchase another way, but it still posted to my statement. I have provided:  
\_\_\_\_\_ A cash receipt  
\_\_\_\_\_ Copies of both sides of a canceled check  
\_\_\_\_\_ The credit/debit card statement where the valid charge appears

**(One of the above is required and must be sent with this form before we can assist with your dispute.)**

\_\_\_\_\_ The charge posted to my account twice, but I only authorized one purchase. The valid charge posted on \_\_\_\_\_. My debit cards are still in my possession.

\_\_\_\_\_ The charge posted to my account for an amount different from the amount on my receipt. I have/have not (circle one) enclosed a copy of my receipt showing the difference.

\_\_\_\_\_ I have not received expected goods or services. The expected date of delivery/completion was \_\_\_\_\_. I have contacted the merchant and the response was \_\_\_\_\_.

(Please place additional details of this dispute on the second page of the form.)

\_\_\_\_\_ The merchandise received was not as described, poor quality, damaged, or unsuitable for the purpose intended. I returned (or attempted to return) the merchandise on \_\_\_\_\_. I have contacted the merchant and their response to the return was \_\_\_\_\_.

(Please provide details of what was wrong with the merchandise on the second page of the form, and include proof the goods were returned to the merchant, such as a tracking number.)

\_\_\_\_\_ I have returned merchandise to the merchant. A copy of my credit slip is enclosed.

\_\_\_\_\_ I have returned (or attempted to return) merchandise to the merchant. I did not receive a credit slip because \_\_\_\_\_. I was/ was not (circle one) informed of the merchant's return policy, and their response to the return was \_\_\_\_\_.

\_\_\_\_\_ I cancelled the transaction with the merchant on \_\_\_\_\_. I was/ was not (circle one) informed of the merchant's cancellation policy, I have contacted the merchant and the response to the cancellation was \_\_\_\_\_.

(Please include any contracts or correspondence to and from the merchant,)

\_\_\_\_\_ I cancelled the hotel reservation on \_\_\_\_\_. My cancellation number is \_\_\_\_\_.

(If no cancellation number was provided, please provide a telephone statement showing the cancellation call to the merchant.)

**NOTE: Please provide a detailed explanation of the dispute**

**MUST BE COMPLETED BY CARDHOLDER**

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**Cardholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**A \$30.00 FEE WILL BE CHARGED TO THE MEMBER IF THE DISPUTE IS DENIED AND IT IS  
DETERMINED THAT THE TRANSACTION(S) WERE VALID**

**State of Texas**  
**County of** \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
**Name of Affiant**  
who being duly sworn, testified under oath that the attached instrument is true and correct.

Signer's identity verified as follows: \_\_\_\_\_  
 Personally known **Signature of Affiant**  
 Produced identification  
Type and # of ID: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
**Year**

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Print Notary's Name**