SIGNATURE - CARDHOLDER STATEMENT OF DISPUTE

Please complete the following form as completely and accurately as possible. Only the person whose name is on the card should complete this form. Failure to answer all questions clearly will result in a delay in resolving your dispute.

Cardholder Name (Please print or type)	16 Digit Card Number:

Please list the disputed transaction(s) below.

Transaction Amt	Transaction Date	Merchant Name	Transaction Location

A. Were you in possession of the card at the time of the transaction? ☐ Yes ☐ No

B. If No, what happened to the card? ☐ Lost ☐ Stolen ☐ Other _____

C. Do you certify that the card was lost/stolen prior to these transactions? ☐ Yes ☐ No

Please check one option below that best applies to your dispute.

☐ 1. I certify that I did not authorize or participate in the transaction(s) listed above, nor were the goods or services represented by the transaction received by me. Please reference my statement at the end of this form.

Please note that Regulations <u>require</u> you to contact the merchant and attempt to resolve your dispute before we will be able to assist you with the following situations. Complete the Customer Statement of Dispute to assure proper handling of your dispute.

☐ 2. I have been billed for an incorrect amount. The amount of the charge on my sales draft was $ _____ but the amount posted to my card was $ _____ For altered transaction amount you must supply a copy of the sales draft.

☐ 3. Although I did engage in a transaction with the merchant; I was billed for a transaction(s) that I did not engage in, nor anyone else authorized to use my card. Attached is a copy of my sales slip for the valid charge.

☐ 4. I have not received the merchandise I ordered and expected to receive on _____ *(Date).* I have contacted the merchant for a credit on _____ *(Date).*

☐ 5. Although I did engage in the transaction(s), I am disputing the quality of the goods or services I received. I have contacted the merchant and I either did not receive a credit or I am still unsatisfied. Attached is all documentation to support my claim.

☐ 6. I have been billed twice for the same purchase. The original transaction was posted on _____ *(Date).* The second transaction was posted on _____ *(Date).*

☐ 7. I canceled this service/reservation with the merchant on _____ *(Date).*

☐ 8. Merchandise, which was shipped to me, has arrived damaged, defective, and/or different from what I ordered. Attached is proof of return.

☐ 9. I have returned merchandise and requested a credit from the merchant. I returned the merchandise on _____ *(Date).*

☐ 10. I paid for this purchase by other means. Attached is a copy of the front and back of the canceled check/cash receipt/money order or proof of other payment by other means *(e.g. credit card statement).*

☐ 11. Other: See attached detailed statement/letter of dispute.

Customer Statement of Dispute

Upon completing and signing this form please do one of the following. Fax to (518) 885-4477, drop off at your local Branch, or mail to BSNB c/o Deposit Account Service PO Box 70, Ballston Spa NY 12020

Signature: _____ **Date:** _____