

DISPUTE CREDIT CARD CHARGE LETTER

Cardholder Full Name: _____
Street Address: _____
City, State, ZIP/Postal: _____
Phone: _____ Email: _____

Letter Date (DD/MM/YYYY):
____ / ____ / 20____

To: _____ (Bank Name)
Dispute Resolution Department
_____ (Mailing Address Line 1)
_____ (Mailing Address Line 2)

Subject: Dispute of Credit Card Charge

Cardholder Name: _____ Card Number (Last 4): _____
Account Number: _____ Billing Statement Date: ____/____/____

Transaction Date	Merchant Name	Amount	Reason for Dispute

Dispute Reason:

- | | |
|--|--|
| <input type="checkbox"/> Unauthorized transaction | <input type="checkbox"/> Service not provided |
| <input type="checkbox"/> Incorrect amount charged | <input type="checkbox"/> Canceled subscription |
| <input type="checkbox"/> Duplicate charge | <input type="checkbox"/> Fraudulent activity |
| <input type="checkbox"/> Charge for returned merchandise | <input type="checkbox"/> Other: _____ |

Explanation of Dispute:

Provide a clear and factual explanation of why this charge is being disputed.

Resolution Request:

- | | |
|---|---|
| <input type="checkbox"/> Request for full refund | <input type="checkbox"/> Charge reversal |
| <input type="checkbox"/> Request for partial refund | <input type="checkbox"/> Account correction |

"I certify that the information provided in this dispute letter is true and accurate to the best of my knowledge."

Attachments / Enclosures:

- | | |
|--|---|
| <input type="checkbox"/> Copy of credit card statement | <input type="checkbox"/> Proof of return/cancellation |
| <input type="checkbox"/> Receipt or invoice | <input type="checkbox"/> Merchant correspondence |
| <input type="checkbox"/> Other: _____ | |

Cardholder Signature

Printed Name: _____ Date: _____