

DISPUTE CREDIT CARD CHARGE LETTER

Full Legal Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date: ____/____/20____

To:

Credit Card Issuer Name: _____

Dispute or Billing Inquiries Department

Mailing Address: _____

Subject: Formal Dispute of Credit Card Charge

Cardholder Name: _____

Credit Card # (Last 4): _____

Statement Date: _____

Billing Cycle Ref: _____

Disputed Transaction(s)

Date	Merchant	Amount	Dispute Category

Dispute Category Checklist

- Unauthorized charge
- Duplicate transaction
- Service not rendered
- Suspected fraud
- Billing error
- Returned item not credited
- Subscription cancellation issue
- Other: _____

Detailed Explanation

Describe the issue clearly, including any communication with the merchant.

Requested Action

- Refund to card
- Removal of charge
- Account adjustment

"I confirm that this dispute is submitted in good faith and that all information provided is accurate."

Supporting Documents Attached

- Billing statement copy
- Proof of cancellation
- Other: _____
- Receipts
- Merchant emails

Signature

Printed Name: _____

Date: ____/____/20____