



Mastercard Prepaid Cardholder Dispute Form

Card Information							
Cardholder Name (as shown on card):							
Prepaid Card Number (16 digits):							
Transaction Details							
Merchant Name/Location:							
Transaction Date (MM/DD/YYYY):		Transaction Amount \$:					
Transaction Category:		Local International		Transaction Type:	ABM POS Online		
Cardholder Contact Information							
Telephone Numbers: (e.g., 123 456 7890)		Home		Work		Mobile	
Email Address:							
Reason for Dispute							
Please tick the most appropriate box							
Note: if none of these choices apply, please provide a detailed letter stating the nature of your dispute.							
<input type="checkbox"/> I neither authorized nor participated in the above transaction(s) and I confirm my card has been in my possession, at all times. I understand that in order to process a dispute for this reason, my card will be cancelled and reassigned.							
<input type="checkbox"/> I have previously cancelled my continuous authority with the retailer, but my account is still being charged. I enclose a copy of my letter to the retailer and confirm that the authority was cancelled on date (MM/DD/YYYY)							
<input type="checkbox"/> I have been charged, Twice or Three times, for the same item.							
<input type="checkbox"/> I did authorize the abovementioned sale but have not received the merchandise or service. (Please explain in writing the results of your contract with the merchant).							
<input type="checkbox"/> I authorized the abovementioned sale but returned the merchandise and have not been credited by the merchant. (Please state date merchandise was returned and enclose any related documents) - (MM/DD/YYYY)							
<input type="checkbox"/> The enclosed credit voucher has not been credited to my account.							
<input type="checkbox"/> I used another method of paying for this transaction, not my credit card, and I enclose my proof of payment.							
<input type="checkbox"/> The amount of the transaction has been altered and I enclose my copy of voucher as proof.							
• Original amount: USD LCL Amount:							
• Altered amount: USD LCL Amount:							
<input type="checkbox"/> I participated in an ABM transaction, but I did not receive any cash. (Please provide the name of the bank and location)							
Hotels							
<input type="checkbox"/> I cancelled my reservation:							
• Cancellation Date (MM/DD/YYYY):							
• Cancellation Code:							
Signature: <u> X </u>		Date: _____					
IT IS IMPORTANT THAT YOU ENCLOSE COPIES OF ANY DOCUMENTS YOU MAY HAVE WHICH RELATE TO THIS DISPUTE (E.G. RECEIPTS, LETTERS ETC.)							