

You may file this claim with a Chargeback Specialist by calling 1-888-297-0768

Or

You may file a dispute electronically by sending an e-mail to:

ccs-disputes@jpmchase.com

Non Travel Related Disputes

Date _____

Cardholder Information Account Number _____ Phone () _____ - _____
Information Name(s) _____ Fax # () _____ - _____
Transaction Information Merchant Name _____ Phone # (if known) () _____ - _____
Merchant Location (if available) _____
23 Digit Reference # _____
Transaction Date ___/___/___ Transaction Amount \$ _____ Disputed Amount \$ _____

I am initiating this dispute on behalf of the customer

Name _____ Relationship to cardholder _____

Signature: _____

PLEASE CHECK THE APPROPRIATE DISPUTE AND COMPLETE THE CORRESPONDING INFORMATION

- The charge is mine, however I need a copy**
- I don't recognize this sale**
- I never authorized this transaction**
*** Cardholder Signature required (unless this form is generated from the cardholder's e-mail address):*

- I participated in only one transaction, the second one is unauthorized**
*** Cardholder Signature required (unless this form is generated from the cardholder's e-mail address):*

- I paid for this transaction by other means**
*** Must provide copy of the front & back of canceled check, other credit card statement showing the second charge, cash receipt, etc. as supporting documentation*
- I was billed a different amount than my receipt shows**
*** Must provide a copy of the receipt showing the amount that should be billed*

For the following inquiries, please answer the questions below

- **An attempt to resolve this dispute with the merchant must be made. Please describe your attempt(s):**

- **On what date(s) did you contact the merchant to resolve this concern?** ___/___/___ - ___/___/___
- I was billed for merchandise, service, or cash I haven't received**
 - Describe the item(s) not received, including dollar amount of each item _____
 - Date merchandise/services/cash were to be provided ___/___/___
 - Ship To address (if different) _____
 - ** If the transaction was made face-to-face, proof must be supplied showing merchandise was to be shipped.*
- I am disputing the Quality of Merchandise/Service received**
 - List item(s) defective/not as ordered, including dollar amount of each item _____
 - Describe why item(s) defective/not ordered as described, or incompatible:

 - ** Must supply proof of what was ordered versus what was received. If made over the phone, written correspondence will be sufficient.*
 - Date merchandise was returned, or attempted to return. ___/___/___ *** Must attach proof of return, if applicable*
- I am disputing a card-activated call**
 - Please describe your reason for dispute, including dollar amount you are disputing

- I am being billed for a service I canceled**

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- On what date did you contact the merchant to cancel the transaction: ___/___/___
- If you canceled over the phone, do you recall whom you spoke to? _____ If yes, their name:

*** If a recurring transaction, only the transaction(s) after the cancellation date may be disputed.*

I returned the merchandise and have not received credit

- Reason for return: _____
- Date of return or credit voucher date ___/___/___
*** Must provide proof of return or copy of credit receipt, if applicable.*
- If your merchandise was accepted for return, did you receive an in-store credit slip? _____
*** If in-store credit voucher was received, original must be sent via certified mail to JPMorgan Chase*
- Does the merchant display a policy for returns? _____ If so, please describe that policy:

- If the merchandise was shipped/mailed back to merchant, to what address was it sent to?

- Is there a postal/UPS receipt? _____ *** If yes, must provide copy as supporting documentation.*

Please include additional comments that are pertinent to your dispute:

** Supporting documentation may be faxed to **1 (888) 297-0785 / (847) 488-7985** or mailed to

**JPMorgan Chase Bank Card Center
PO Box 2015
Elgin, IL 60121-2015
Attn: Dispute Department**

JPMorgan Bank USE ONLY **Circle applicable reason code** 32 41 53 55 56 57 60 59 (RS1 RS2 RS3 RS4 RS5)

“I certify that the facts were obtained from a discussion with the cardholder and are accurate to the best of my knowledge”

Chargeback representative

Date

Recap of representatives attempt to resolve dispute with merchant directly: _____

Check applicable regulation for appropriate timeframes and member message fields

Call Taken By/Ext. _____ / _____ Date: _____

Supervisor _____

Best Time to call _____ Number we may reach customer back at _____

ATTACHMENT 2