



SmartPay 2 Dispute Form

Please be advised that Visa & MasterCard require that attempts be made to resolve your dispute with the merchant before notifying us. We must be notified within 90 days of the processing date of the transaction you are questioning.

Cardholder Name: _____

Account #: _____

Merchant Name: _____

Transaction Date: _____ Transaction Amount: \$ _____

Posting Date: _____

Reference #: _____

Please Circle one of the following choices applicable to your dispute. Include all necessary information/documentation.

1. I do not recognize the above-mentioned charge. I have attempted to contact the merchant to obtain further information.
2. I have been billed more than once by the same merchant. I authorized one charge with this merchant only. My card was in my possession at the time of the transaction.
 Valid Charge \$ _____ Reference # _____ Transaction Date: _____
 Invalid Charge \$ _____ Reference # _____ Transaction Date: _____
3. I canceled: Service / Airline Ticket / Hotel Reservation on _____ (date). Cancellation# _____
4. I have not received the merchandise that was to be shipped to me on _____ (date). I have requested credit.
5. Merchandise that was shipped to me arrived damaged or not as described. I returned it on _____ (date) and asked the merchant to credit my account. I am providing a copy of my returned mail receipt.
6. Merchant was to issue credit for merchandise I returned to the store. I have enclosed a copy of my credit receipt.
7. I have been charged for a purchase that was paid for by other means. I am providing a copy of the documentation showing the other method of payment.
8. I have been billed for an incorrect amount. My receipt shows \$ _____, however, I was billed \$ _____ I am providing a copy of my receipt showing the correct amount.
9. I did not authorize the above-mentioned charge. I have attempted to contact the merchant to resolve dispute.
 (If this is a VISA account, Visa regulations require that your account be closed prior to pursuing this dispute reason. Please call Customer Service to assist you in closing your account.)
10. Other: I am attaching detailed information that describes the dispute.

Work Phone () _____ **Email:** _____

Fax _____

Signature _____ Date _____

Please complete and mail or fax this form to
USPS JPMorgan Chase, ATTN: Dispute Dept. IL1-6225, P.O. Box 2015, Elgin, Illinois, 60121-2015
Email CCS-Disputes@jpmchase.com
Fax **(847) 931-8861.**