



Mail to: U.S. Bank Government Services, P.O. Box 6335, Fargo, ND 58125-6335 | Fax to: 866-457-7506 or 701-461-3466

Cardholder name: _____ Account number: _____

Cardholder signature: _____ Date: _____

Telephone number: _____ (include area code)

The transaction in question as shown on statement of account:

Transaction date	Reference number	Merchant	Amount	Statement date
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Please read carefully each of the following situations and check the one most appropriate in your particular dispute. If you have any questions, please contact us at 888.994.6722. We will be more than happy to advise you in this matter.

1. Duplicate processing

The transaction listed below represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times. Please provide information for duplicate transaction below.

Date: _____ Referencenumber: _____ Merchantname: _____ Amount: _____

2. Merchandise or service not received in the amount of \$ _____

My account has been charged for the above listed transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. (Please provide a separate statement detailing the merchant contract, and the expected date to receive merchandise.)

3. Merchandise returned in the amount of \$ _____

My account has been charge for the above listed transaction, but the merchandise has since been returned.
Enclosed is a copy of my postal or express mail receipt

4. Credit not received

I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. (Please provide a copy of this voucher with this correspondence.)

5. Alternation of amount

The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount of which I signed. The difference of amount is \$ _____

6. Inadequate description/unrecognized charge

I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a cardholder statement of questioned item form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear on my account.

7. Service not received

I have been billed for this transaction; however, the merchant was unable to provide the services.

Date the service was to be received: _____ Name of person you spoke with: _____

Date the merchant was contacted: _____ The merchant's response: _____

8. Paid for by another means.

My card number was used to secure this purchase, however final payment was made by check, cash, another credit card or purchase order. (Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.)

9. Not as described

(Cardholder must specify what goods, services or other things of value were received). The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint).

10.If none of the above reasons apply, please describe the situation:

(Note: provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper, if necessary, and sign your description statement.)