

Notification of Dispute Item

Card Number _____

Cardholder's Name _____

Merchant Name _____

Dispute Amount \$ _____

Reference Number (if any) _____

Purchase Date _____ Post Date _____

I am disputing an item(s) for the following reason:

1. _____ Neither an authorized user(s) nor I recognize this charge.

2. _____ I was charged for the same item/service more than once.

3. _____ I have already paid for this item/service by other payment method.

4. _____ I never received the item/service for which I was charged.

5. _____ I have not been credited for the item/service which I returned/cancelled.

6. _____ I was charged the wrong amount.

(If available, please attach to this form a copy of the sales slip, receipt, or documentation which indicates the correct amount.)

7. _____ Other, as described below.

Additional Comments _____

Signature _____ Date _____

Phone number 1) _____ 2) _____

Please send this form to:

InfiBank, N.A.

P. O. Box 3696 Omaha, NE 68103-0696

or

FAX: 1-402-636-6098