



P.O. Box 2068
Glen Burnie, MD 21060
1-303-689-7800
1-800-BELLCO1 (235-5261)
www.bellco.org

Check Card and Credit Card Dispute Form

Return by emailing bellcocarddisputes@cuopscenter.org

Fraud Disputes (i.e. lost/stolen cards, counterfeit cards, etc.) are completed on a fraud affidavit by the Risk Department

Card #:

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(Please use the card number on which the disputed charges appear)

Name: _____ Member #: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Transaction Date: _____ Transaction Amount: \$ _____ Dispute Amount: \$ _____

Merchant Name: _____

If you have multiple items that you are disputing, please list them in the additional information section. Please check only one statement that pertains to the dispute claim being filed and provide the information requested.

Unrecognized Transaction (I am not sure if I made this transaction)

- Please describe your attempt to resolve this dispute with the merchant in the additional space provided below.

Incorrect Amount (I was billed the wrong amount)

The amount you should have been billed \$ _____ (Please provide a receipt)

- Please describe your attempt to resolve this dispute with the merchant in the space for additional space provided below.

Duplicate Charge (I have been billed more than once for the same transaction)

- Please provide a copy of the statement and identify which charge is valid and which is a duplicate.

Paid by Other Means (I paid for this transaction via another payment method or credit card)

Paid By: Check Cash Another Credit Card Other: _____

- Please describe your attempt to resolve this dispute with the merchant in the additional space provided below.
- Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used.

Cancelled Transaction (I was charged for something I previously cancelled)

Date of cancellation: _____ Were you advised of the merchant's cancellation policy? _____

If so, how were you advised? _____

What was your method of cancellation? Phone Mail Email In-Person

Cancellation number and/or name of person you spoke with: _____

- Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation in the additional space provided below.
- If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide a copy of the email correspondence.

Merchandise/Service not as Described (The merchandise/service I received was damaged, defective, or not what I expected)

What was purchased? _____

Date the merchandise/service was received: _____

Date you returned the merchandise or made it available for pick up (if applicable): _____

Return authorization, cancellation and/or tracking number (if available): _____

- Please describe your attempt to resolve this dispute with the merchant for merchandise/services not as described in the additional space provided below.

Credit not received (I have not been credited for the merchandise I returned)

What was purchased? _____

Date the merchandise/service was received: _____

Date you returned the merchandise or made it available for pick up (if applicable): _____

Reason for returning the merchandise: _____

Return authorization, cancellation and/or tracking number (if available): _____

- Please provide a copy of the credit slip, return receipt or proof of return, such as a postal receipt and any documentation you have that supports your claim.
- Please describe your attempt to resolve this dispute with the merchant in the space for additional information.

Non-Receipt of Merchandise or Service (I did not receive the merchandise or service I ordered by the agreed upon date)

What was purchased? _____

Date you expected to receive the merchandise or service: _____

If merchandise, was it to be shipped or picked up? _____

- Please describe your attempt to resolve this dispute with the merchant in the space for additional information.

Additional Information:

(Please provide additional information required for the dispute type and a full description of your interaction with the merchant from purchase to your last contact. Attach additional pages if necessary.)

Please allow at least 3 business days from the receipt of this completed document, to begin processing. Length of entire dispute process varies based on complexity of claim.

Signature: _____

Date: _____