

**FAMILY MONEY DISPUTE NOTIFICATION FORM**

**Accountholder & Cardholder Information**

Accountholder First/Last Name: \_\_\_\_\_

Cardholder First/Last Name (as it appears on the card): \_\_\_\_\_

Card Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the card in your/Cardholder possession:  Yes  No

**Merchant Information**

Name and Phone Number: \_\_\_\_\_

Transaction Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Transaction Amount: \$ \_\_\_\_\_

**Reason for Dispute:**

Transaction Dispute  Unauthorized Transaction

If Unauthorized Transaction is marked, have you filed a police report?  Yes  No  
*(If yes, please include a copy of the police report with this form.)*

Date you discovered the loss or theft of your card: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other (Example: merchandise or services not received, cancelled recurring payment, etc.)  
If you marked 'Other' for your dispute, please provide details regarding your dispute below.

Date you contacted the merchant: \_\_\_\_/\_\_\_\_/\_\_\_\_

Include details regarding your contact - include method of contact, phone number, who you spoke with, etc.  
Also list the result of your contact with the merchant (Example, did the merchant agree to issue credit, repair or replace the merchandise or service?) Include a separate sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there merchandise involved?  Yes  No  
*(If yes please provide the following information if applicable):*

Cancellation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_, Expected Date of Delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please attach proof of the above information (Example: Proof of Purchase, Credit Slip, etc.)*

**Accountholder/Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Dispute Fax Number:** 801-677-8613

**Dispute Mailing Address:** P.O. Box 71337, Salt Lake City, UT 84171