

National City® Commercial Card

Cardholder Dispute Form

Please Type or Print (Black Ink)

Regulations specify that we must receive a written notification from the cardholder within 60 days from the date of the billing error. In order to preserve your rights please complete this form and return it to National City Bank.

Address:

National City Bank
 PO BOX 2859
 Kalamazoo MI 49004
Fax Number: 269-973-1688

CARD ACCOUNT NUMBER: _____

| TRAN DATE | POST DATE | REF # (if available) | DESCRIPTION | AMOUNT |
|-----------|-----------|----------------------|-------------|--------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

*PLEASE CHECK THE APPROPRIATE BOX BELOW, **SIGN AND RETURN THIS ASAP.** ANY ADDITIONAL DOCUMENTATION YOU HAVE TO SUPPORT YOUR CLAIM SHOULD BE ENCLOSED WITH THIS FORM.*

- I did not authorize this charge nor did I authorize anyone else to use my account for this charge.
- I did not authorize this charge however I did authorize a charge from this merchant for \$_____.

FOR THE DISPUTE REASONS LISTED BELOW, YOU MUST HAVE ALREADY CONTACTED THE MERCHANT CONCERNING YOUR DISPUTE. PLEASE EXPLAIN THE OUTCOME OF THIS CONTACT ON A SEPARATE SHEET OF PAPER.

- I was billed for a Hotel/Motel Reservation that was canceled. I canceled on _____ (Date) at _____ (Time) and was issued a cancellation code of _____. (Without this information, we are unable to issue a credit.)
- I was charged \$_____ (Amount) but my copy indicates \$_____ (Amount). The difference was not authorized. Enclosed is my copy of the sales draft. (NOTE: Car Rental and Hotel/Motel sales are subject to final audit.)
- Although I did engage in the above transaction, I would like my account credit for \$_____ (Amount) since:
- I have not received merchandise, which was to be delivered on _____ (Date).
 The merchandise was returned to the merchant on _____ (Date).
(Supply proof of return. Without proof of return, we cannot guarantee permanent credit to your account.)
 The merchandise/service/membership was canceled on _____ (Date).
(Supply copy of cancellation letter.)
 The transaction was paid for by another method.
(Supply copy of canceled check or cash receipt.)

IF NONE OF THE SITUATIONS ABOVE APPLY TO YOUR DISPUTE, PLEASE SUPPLY A DETAILED STATEMENT OUTLINING THE EVENTS LEADING TO YOUR COMPLAINT.

CARDHOLDER SIGNATURE: _____ **DATE:** _____

HOME PHONE () _____ BUSINESS PHONE () _____