

**PURCHASE CARD DISPUTE**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

Cardholder Name & Return Address	Cardholder Phone
	Cardholder Fax Number
	Cardholder Account #
	Merchant/Vender Name
	Amount
	Transaction Date
	Transaction Reference #

To assist our investigation, please indicate below the reason for your dispute. If you have any questions, please call our Dispute Representatives at (888) 297-0781.

\_\_\_\_\_ I did not make nor authorize the above transaction. (Please indicate the whereabouts of your Card.)

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\_\_\_\_\_ There is a difference in the amount I authorized and the amount I was billed. (A copy of your charge must be enclosed.)

\_\_\_\_\_ I only transacted one charge, and I was previously billed for this sales draft. Date of previous charge:

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\_\_\_\_\_ The above transaction is mine, but I am disputing the transaction. (Please state your reason by in detail.)

\_\_\_\_\_ Please send me a copy of the sales draft.

\_\_\_\_\_ I have received a credit voucher for the above transaction, but it has not yet appeared on my account. (A copy of the credit voucher must be enclosed.)

\_\_\_\_\_ My account has been charged for the above transaction, but I have not received this merchandise/service. The date of expected delivery was \_\_\_\_\_. The details of my attempt to resolve the dispute with the merchant and the merchant response are indicated below.

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\_\_\_\_\_ My account has been charged for the above transaction, but the merchandise has since been returned. The details of my attempt to resolve the dispute with the merchant and the merchant's response is indicated below. (Please enclose a copy of your postal receipt.)

\_\_\_\_\_ Other (Please explain)

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Cardholder Signature	Date
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Section to be completed by Agency Program coordinator: Once approved, the APC shall submit to:

(Controller/Level III Transaction Dispute Office)

Level III APC Phone Number	Bank One Federal Card P. O. Box 2015 - Dept. B3 Elgin, IL 60121 or to Fax to: (888) 297-0785
Level III APC Fax Number	
Level III APC Signature	
Date	

## INSTRUCTIONS FOR COMPLETING THE DISPUTE FORM

It is the agency/organization's responsibility to notify Bank One of any items in dispute **within 60 calendar days of receipt of the invoice**.

If there are several questionable items on the statement due to fraudulent use, contact the Corporate Products Security area at (888) 297-0781 or (847) 488-4441.

Complete the Dispute Form when there is an incorrect transaction on a billing statement, and you have been unable to resolve the issue with the vendor. Examples of transactions that can be disputed are: unauthorized charges, double billings, an amount not credited, incorrect amount billed, and non-receipt of merchandise/service, just to name a few.

### Complete the following fields on the Dispute Form:

1. Cardholder Name and Return Address
2. Cardholder Phone Number and Fax Number
3. Cardholder Account Number
4. Merchant/Vendor of the incorrect transaction
5. Dollar amount of the disputed transaction
6. Transaction date of the disputed transaction
7. Transaction reference number (23 digit number located between the dollar amount and merchant name on the statement).
8. Place a check next to the appropriate dispute description.
9. Cardholder must sign and date the Dispute Form.

NOTE: It is important for the cardholder to sign the Dispute Form to protect their rights with MasterCard.

### ROUTING PROCEDURES

1. Cardholder must forward the completed Dispute Form to the Level III (Local) Agency Program Coordinator (APC) (or alternate Authorized Signer) for approval and forwarding.
2. The APC will mail or fax the complete Dispute Form to the following:

Mail to: Bank One Federal Card  
P.O. Box 2015 - Dept B3  
Elgin, IL 60121

Overnight to: Bank One  
2500 Westfield Drive  
Elgin, IL 60123

Fax to: Bank One Federal Card  
(888) 297-0785