

**COMMERCIAL CARD CLAIMS
STATEMENT OF DISPUTED ITEM**

US Bank – Commercial Card Services Operations

Instructions: Please make a good faith attempt to resolve a claim for purchases directly with the merchant. If assistance from the bank is required, please complete this form and fax it to the number printed below with required enclosures within 30 days from the end of the billing period in which the charge appeared.

**State Of Maryland
Disputed Item Form
Fax to Usbank Dispute Team at 866-229-9625**

Company Name: _____
Account Number: _____
Cardholder Name: _____

This Charge appeared on my statement, billing close date: _____
Transaction Date: _____
Reference Number: _____
Merchant Name/Location: _____
Posted Amount: _____ Disputed Amount: _____

(Cardholder Signature) (Date) (Phone Number)

(PCPA Signature) (Date) (Phone Number)

Please Check Only One

1. _____ **Unauthorized Transaction:** I did not authorize, nor did I authorize anyone else to engage in this transaction. No goods or services represented by the above charge were received by me or anyone I authorized. My US Bank card was in my possession at the time of the transaction.
2. _____ **Charge Amount Does Not Agree With Order Authorizing the Charge:** The amount entered on the sales slip was increased from \$ _____ To \$ _____. I have enclosed a copy of the unaltered sales slip.
3. _____ **Merchandise or Services Not Received:** I have not received the merchandise or services represented by the above transaction. The expected date delivery of services was _____. (Please describe your efforts to resolve this matter with the merchant, the date(s) you contacted them and their response.)
4. _____ **Defective or Wrong Merchandise:** I returned the merchandise on _____ because it was (check one):
_____ defective; _____ wrong size; _____ wrong color; _____ wrong quantity.
(Please describe your efforts to resolve this matter with the merchant, the date(s) you contacted them, their response and proof of the return of merchandise. Please provide a detailed description of the wrong or defective nature of the merchandise.)
5. _____ **Recurring Charges After Cancellation:** On _____ (date), I notified the merchant to cancel the monthly/yearly agreement. Since then my US Bank account has been charged _____ time(s). (Please enclose a copy of the merchant's confirmation of your cancellation request.)
6. _____ **Recurring Charges Already Paid by Other Means:** I already paid for the goods and/or services represented by the above charge by means other than my US Bank account. (Please provide a copy of the front and back on the cancelled check, money order, cash receipt, credit card statement, or other documentation as proof of purchase/payment. Describe your efforts to resolve this matter directly with the merchant, the date(s) you contacted them, and their response.)
7. _____ **Credit Appears as a Charge:** The enclosed Credit Voucher appeared as a charge on my US Bank Commercial Card account.
8. _____ **Credit From Merchant Not Received:** I did not receive credit for the enclosed Credit Voucher within 30 calendar days from the date it was issued to me by the merchant shown above. (Please describe your efforts to resolve this matter with the merchant, the date(s) you contacted them and their Response. Provide a detailed statement explaining your reason(s) for disputing this charge.)
9. _____ **Hotel Reservation Cancelled:** I made a reservation with the above hotel which I later cancelled on _____ (date) at _____ (time). I Received a cancellation number _____. (Please describe how the reservation was cancelled, proof of cancellation and attempts to resolve this issue with the merchant.
_____ I was not given a cancellation number.
_____ I was not told at the time that I made the reservation that my account would be charged for a "No Show".
_____ I was not informed of the cancellation policy.
10. _____ **Double or Multiple Charges:** My US Bank card Account has been double charged. The valid charge appeared on _____ (date). The Duplicate charge(s) appeared on _____.
11. _____ **Do Not Recall the Transaction:** The statement has an inadequate description of the charge. Please supply supporting documentation.
12. _____ **Other; Above Descriptions Do Not Apply:** Please attach a detailed letter explaining the reason for your dispute and your attempts to resolve this issue with the merchant.