

RushCard

CARD ERROR ALLEGATION

PLEASE COMPLETE AND RETURN THIS STATEMENT OF DISPUTED TRANSACTIONS WITHIN 10 BUSINESS DAYS

INTERNAL USE ONLY: 100968330

1. I, JAMES SHEARD hereby state as follows:

I reside at 710 E SAN YSIDRO BLVD APT 2146, SAN YSIDRO, CA 92173

My home telephone number is: 6199303910

My Email Address is: LOADEDMAJIXMAN1@GMAIL.COM

My card number is XXXXXXXXXXXX6190

I am disputing: Date 3/28/2015 Amount \$154.57 Name of the Merchant H S B C / TIJUANA, B. CMX

2. Please describe why you are disputing this transaction:

BECUASE THEY CHARGED MY ACCOUNT TOO MUCH.

3. Type of error: Check ONE box below that most closely matches your dispute reason:

☐ **ATM CASH NOT RECEIVED**

Transaction Reference number: _____

☐ I made _____ attempt/s and did not get the full amount

☐ Other: _____

☐ Amount Charged: _____ Amount Dispersed: _____

Do you have a receipt showing that there was an error?

☐ No

☐ Yes (please provide copy)

☒ **INCORRECT TRANSACTION AMOUNT**

The amount of this transaction posted for \$ \$154.57 but should have posted for \$ \$110.00

Attach the copy of the credit receipt showing the correct amount (required).

Have you tried to resolve with the merchant?

☒ Yes, Spoke with: _____ Date: 3/27/2015

☐ No, Reason: _____

Date of last Contact with merchant: 3/27/2015

☐ **CANCELLATION DISPUTE**

Date of the original purchase: _____ Amount: _____

Were you advised of any cancellation policy? ☐ Yes ☐ No

Date of Cancellation: _____ Spoke With: _____

Cancellation #: _____

Reason: _____

Have you tried to resolve with the merchant?

☐ Yes, Spoke with: _____ Date: _____

☐ No, Reason: _____

Date of last Contact with merchant: _____

☐ **RETURNED MERCHANDISE DISPUTE**

Date returned: _____ Date Received by Merchant: _____
Date of the original purchase: _____ Amount: _____

If mailed merchandise back, complete the following:

Shipping company: _____ Tracking number: _____

Have you tried to resolve with the merchant?

☐ Yes, Spoke with: _____ Date: _____
☐ No, Reason: _____
Date of last Contact with merchant: _____

☐ **DUPLICATE CHARGE**

Date of the first charge: _____ Date of second charge: _____

Have you tried to resolve with the merchant?

☐ Yes, Spoke with: _____ Date: _____
☐ No, Reason: _____
Date of last Contact with merchant: _____

☐ **PAID FOR GOODS BY OTHER MEANS**

*****Please provide a copy of the receipt as proof that the you paid by other means**

☐ Check ☐ Cash ☐ Other Card ☐ Other (explain) _____

Have you tried to resolve with the merchant?

☐ Yes, Spoke with: _____ Date: _____
☐ No, Reason: _____
Date of last Contact with merchant: _____

☐ **NON RECEIPT OF GOODS OR SERVICES**

Date of the original purchase: _____ Amount: _____

☐ Tickets/Merchandise not received. Expected delivery date: _____
☐ Merchant unwilling to provide service.

Have you tried to resolve with the merchant?

☐ Yes, Spoke with: _____ Date: _____
☐ No, Reason: _____
Date of last Contact with merchant: _____

**4. Please provide any supporting documentation that can help us resolve this matter and attach it to this form.
(copy of receipt, email etc)**

5. I certify that the above information is true to the best of my knowledge:

Signature: _____ Date: _____

PLEASE FAX THE COMPLETED FORM TO: 1-917-383-0567

AND/OR MAIL TO: Dispute Resolution PO Box 543000, Omaha, NE 68154,