

MERCHANT OVERCHARGE COMPLAINT AND DISPUTE STATEMENT

Billing Dispute Form

Please complete all sections of this form to dispute an incorrect billing or overcharge by a merchant. Return this form along with any supporting documentation (receipts, invoices, or correspondence).

1. Cardholder / Customer Information

Customer Name:

Account / Card Number:

Phone Number:

Email Address:

Mailing Address:

2. Disputed Transaction Details

Merchant Name:

Transaction Date:

Post Date:

Reference Number:

Authorization Code:

Amount Charged	Correct/Expected Amount	Disputed Overcharge Amount

3. Reason for Dispute

Select the statement that best describes your dispute:

- I was charged more than the agreed-upon price or the amount shown on my receipt.
- I was charged multiple times for a single transaction.

- A promotional discount, coupon, or agreed-upon price reduction was not applied.
- The transaction amount was altered after authorization without my consent.
- Other (please describe below).

4. Additional Details & Description of Events

Provide a brief explanation of the dispute, including details of your attempt to resolve this directly with the merchant:

5. Supporting Documentation Checklist

Please check the documents you are attaching to support this dispute:

- Copy of the original sales receipt / invoice showing the correct amount.
- Copy of correspondence with the merchant regarding this issue.
- Other proof of agreed price (e.g., advertisement, email quote, contract).

6. Declaration and Authorization

I hereby certify that the information provided in this statement is true and accurate to the best of my knowledge. I authorize my financial institution to investigate this dispute and, if necessary, to share this information and supporting documentation with the merchant and relevant processing networks.

Customer Signature:

Date:
