

SAWYER SAVINGS/FIFTH THIRD CHARGEBACK REQUEST FORM

Date: _____ Merchant Name: _____
Customer Name: _____ Check Card #: _____
Transaction Date: _____ \$ Amt in Dispute: _____

- Authorization was NOT OBTAINED for the above referenced transaction.
- I received my monthly statement and there is a purchase on it that I certify I did not make. (A copy of the **checking account statement** with the purchase in question circled is REQUIRED).
- My Check Card was lost/stolen and I first realized this _____.
(approximate date & time)
- I received my monthly statement and the amount I purchased differs from the amount billed by the merchant. (A copy of the **checking account statement** with the purchase in question circled, **sales slip** and/or **packing invoice** for mail orders is REQUIRED)
- I received a credit slip from the merchant and the credit has not appeared on my statement. (A copy of the **checking account statement** with the purchase in question circled and **credit slip** is REQUIRED)
- I received an "In Store Credit Slip" and request that my account be credited. (A copy of the original "In Store Credit Slip" and a copy of the **checking account statement** with the purchase in question circled is REQUIRED)
- I attempted to pay for a purchase with my Check Card, but the transaction was not approved. Therefore, I then paid using another method of payment. My checking account was debited for the Check Card purchase, even though I paid using another method of payment at the time of the purchase (i.e., cash, check, charge card, etc.). (A copy of the cash receipt, the front and back of a **canceled check**, or the **credit card receipt or statement** and a copy of the **checking account statement** with the purchase in question circled is REQUIRED).
- I did authorize the sale, HOWEVER:
- I have not received the merchandise. The expected delivery date is/was _____. (A copy of the **checking account statement** with the purchase in question circled is REQUIRED).
- I have not received the expected services. (**Explain in full**). _____

- The merchandise was defective and returned on _____. (**Proof of return** such as an invoice and shipping papers on a certified mail receipt, **explanation of defect** and a copy of **checking account statement** with purchase in question circled is REQUIRED).
- I attempted to cancel this purchase with the merchant on _____. The merchant's reply was _____
_____. (Copies of **correspondence** (if any) between cardholder and the merchant and a copy of the **checking account statement** with purchase in question circled is REQUIRED).
- This sale was a canceled hotel reservation. Cancellation # _____
Date of Cancellation _____. (A copy of the **checking account statement** with purchase in question circled is REQUIRED).
- Only one sale was authorized. The amount in question is a duplicate of a sale which was charged to my account on _____
_____. (A copy of the **checking account statement** with transaction in question circled is REQUIRED).

Additional Information: (attach additional sheet if necessary)

I have marked the applicable reason above for the disputed transaction and have supplied copies of all required documentation.

Customer Signature: _____

Customer Address: _____ Phone Number: _____