CITIBANK®

GOVERNMENT CARDHOLDER DISPUTE FORM

INQUIRER'S NAME: (1) _____ DATE: (2) _____

CARDHOLDER'S NAME: (3) _____

ACCOUNT NUMBER: (4) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CARDHOLDER: PLEASE PROVIDE A COPY OF ANY INFORMATION/FORMS REQUESTED BELOW ALONG WITH THE STATEMENT THE DISPUTED CHARGE APPEARS ON.
PLEASE **FAX TO 605-357-2019** or **MAIL TO** Citibank Government Card Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.
This form must be filled out completely and forwarded to Citibank within 60 calendar days of receipt of your invoice.

DATE: (5) _____ DOLLAR AMOUNT OF CHARGE: $ (6) _____ MERCHANT: (7) _____

CARDHOLDER SIGNATURE: (8) _____

Please read carefully each of the following descriptions and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 1-800-790-7206 (overseas call collect at 904-954-7850). We will be more than happy to advise you in this matter.

(9)

- **UNAUTHORIZED MAIL OR TELEPHONE ORDER**
  ☐ I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.
- **DUPLICATE PROCESSING - THE DATE OF THE FIRST TRANSACTION WAS _____.**
  ☐ The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.
- **MERCHANDISE NOT RECEIVED IN THE AMOUNT OF $_____**
  (Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)
  ☐ My account has been charged for the above transaction, but I have not received the merchandise. I have contacted the merchant, but the matter was not resolved.
  ☐ My account has been charged for the above listed transaction. I have contacted this merchant on _____ (date) and canceled the order. I will refuse delivery should the merchandise still be received.
- **MERCHANDISE RETURNED IN THE AMOUNT OF $_____**
  ☐ My account has been charged for the above listed transaction, but the merchandise has since been returned. A copy of the postal or UPS receipt is enclosed.
- **CREDIT NOT RECEIVED**
  ☐ I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed.
- **DIFFERENCE IN AMOUNT**
  ☐ The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is $_____.
- **COPY REQUEST**
  ☐ I recognize this charge, but need a copy of the sales draft for my records.
- **SERVICES NOT RECEIVED - Please enclose a separate statement with the date of the merchant contact and response.**
  ☐ I have been billed for this transaction; however, the merchant was unable to provide the services.
- **PAID FOR BY ANOTHER MEANS**
  ☐ My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.
- **NOT AS DESCRIBED**
  ☐ The item(s) specified do not conform to what was agreed upon with the merchant. (The Cardholder must specify what goods, services, or things of value were received. The Cardholder must have attempted to return the merchandise and state so in his/her complaint.)

  _____
- **IF NONE OF THE ABOVE REASONS APPLY:**
  Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper and sign and date your description statement.

Numbers in parentheses correspond to numbers on guide sheet on next page.

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GUIDE TO
GOVERNMENT CARDHOLDER DISPUTE FORM

Form required when disputing a charge(s).

1. **Inquirer's Name:** Name of individual submitting dispute, i.e., Dispute Officer or Cardholder.
2. **Date:** Day, month and year for the day the dispute is being filed (i.e., today's date).
3. **Cardholder's Name:** List the name that appears on the account where the charge in dispute resides.
4. **Account Number:** 16-digit account number.
5. **Date:** Indicate the date the transaction in dispute was made.
6. **Dollar Amount of Charge:** Indicate the dollar amount of the transaction in dispute.
7. **Merchant:** Name of the merchant for the transaction in dispute.
8. **Cardholder Signature:** Cardholder must sign.
9. **Error Description:** Check the box that most appropriately relates to your type of dispute.

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