

UNIVERSITY OF MAINE DISPUTED ITEM FORM

CUSTOMER STATEMENT OF DISPUTED ITEM(S) – PLEASE PRINT

If you have a transaction appearing on your statement that you believe in is error, and have been unable to resolve the disputed transaction with the vendor, please fill out the following information and mail to Program Administrator, Service Bldg, or fax to 1-2698.

Reference Number: _____(from front of statement)

Account Number: _____

Amount: \$_____

Posting Date: _____

Transaction Date: _____

Description: _____

I have examined the charges made to my account and dispute the following item(s):

1. I certify that the charge(s) listed above was/were not made by me or a person authorized by me to use my card, nor did I authorize anyone else to use my card. (If you do not recognize the charge, choose this option.)
2. I am expecting credit to my account. Enclosed is a copy of my credit slip.
3. I certify that the charge in question was a single transaction. I only authorized one charge and my card was in my possession at all times.
4. I was overcharged \$_____ on my account. I contacted the merchant on ___/___/___ to request credit on my account. Enclosed is a copy of my receipt.
5. I canceled this hotel reservation. My cancellation number is _____.
1. Other. Please provide a detailed explanation of the dispute below:

Name (Please print): _____ Date: _____

Signature: _____ Phone: _____