

Consumer Resolution Services



Connect Pay Consumer Notice of Error; Notice of Error Form

Transaction Merchant Name: _____

Transaction Date: _____ Amount \$: _____ Tracer ID#: _____

Check the reason for your notice of error relating to the electronic funds transfer (EFT). Please be specific with your reason and if available, attach copies of relevant documents, such as receipts, bank records, affidavits of forgery, etc.

Finally, sign and date this form and return it, with a copy of your driver's license, to:

ATTN: Consumer Services- CP Notices of Error
P.O. Box 6806
Hagerstown, MD 21741-6806

IDENTIFYING INFORMATION

- i) Bank routing and account Number (BN) associated with the transaction at issue: _____
- ii) State Driver's License or ID # _____

LOST, STOLEN OR MISUSED CARD OR PIN

- i) Were the transactions you are reporting:
 - (a) _____ transacted with a card, or card and PIN?
 - (b) _____ transacted with only a PIN?
- ii) Date card or PIN lost _____ stolen _____ misused _____
- iii) Date of discovery of loss, theft or misuse: _____
- iv) Date loss or theft was reported to bank _____:
- v) Are others authorized to use your card or PIN? ____ Yes ____ No
- vi) If you answered "yes" to v, please identify authorized individuals _____

Please confirm that the transactions listed below are the complete list of transactions you are disputing. Please provide the details for any transactions that you are disputing not listed below.

Transaction Date	Amount	Merchant Name

3 Western Maryland Parkway
Hagerstown, MD 21740

Consumer Resolution Services



Please indicate the nature of the error, inquiry, or request:

DUPLICATE PROCESSING

() I authorized one transaction for \$ _____ on _____. Neither I nor anyone authorized by me engaged in the above transaction(s) with the same merchant. I have been, and remain in, possession of all devices or PINs issued to me for initiating payments.

MERCHANDISE NOT RECEIVED

() The merchandise I purchased was never received. **Provide details** _____
_____.

MERCHANDISE RETURNED

() I returned the merchandise purchased with the above-identified EFT(s) and have not received credit on the return. **Provide details:** including date merchandise returned, reason for return, whether merchant accepted merchandise and merchant representation regarding credit for returned merchandise: _____
_____.

CREDIT NOT RECEIVED

() I received a credit voucher for the above charge, but it has not appeared on my statement. Enclosed is a copy of the credit voucher.

CANCELLED TRANSACTION

() I participated in the transaction, but it was cancelled on _____. **NOTE:** It will be helpful to us in completing a thorough investigation if you will provide a copy of the cancellation letter to the merchant, or, if a hotel reservation, the cancellation number given at time of cancellation.

PAID BY OTHER MEANS

() My card or PIN was used to secure this purchase, but payment was also made by cash, check, debit or credit card. On or about _____, I contacted the merchant and requested a credit. As of _____, I have not received a credit on my statement. **NOTE:** It will be helpful to us in completing a thorough investigation if you will provide a copy (front and back) of the canceled check, cash receipt, or other evidence of the transaction.

3 Western Maryland Parkway
Hagerstown, MD 21740



PROBLEM WITH QUALITY OF GOODS OR SERVICES PURCHASED

() Describe in detail on a separate piece of paper. Before we can take any action, and if you are otherwise not disputing the inclusion of the payment as a reported unpaid item in TeleCheck's database, you must make a good faith effort to resolve the dispute with the merchant. **NOTE:** It will be helpful to us in completing a thorough investigation if you will provide documentation evidencing your communications with the merchant, invoices, sales receipts, merchant's return policy, etc.

UNAUTHORIZED TRANSACTION

() Neither I nor anyone authorized by me engaged in the transaction with the above listed merchant.

OTHER

() Describe in detail the nature of the error you are reporting to us. Please provide copies of documentation supporting your position that an error was made.

SIGNATURE: _____

DATE: _____

DAYTIME TELEPHONE NUMBER(S): _____