

Date _____

To whom it may concern:

Please be advised that I, _____, am disputing the following charge(s) made on my check card number _____ in the total amount of \$ _____.

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Is this an EMV Chip Card? Yes No

I did not authorize nor initiate the charges and I am requesting a refund of these charges to my account. My card was lost or stolen at the time of transaction.

Heartland Account Number _____ Phone # _____

Signature

Date