



WellsOne® Service Center

Dispute Form

Cardholder Name:

Account Number:

Transaction Date:

Transaction Amount: \$

Merchant Name:

Please return this completed and signed Dispute Form to the WellsOne® Service Center by fax at 866-831-4452 or email at fraud.wellsonecenter@wellsfargo.com. All disputes must be received within 60 days from the posting date of the charge.

Please check the statement that best describes your dispute (select only one option). Please attach any supporting documentation such as credit receipts, copies of other payment method, or merchant correspondence.

Prior to filing with Wells Fargo you must contact the merchant in an attempt to resolve your dispute.

- Duplicate Transaction:** A single transaction has posted more than once.
- Cancelled Transaction:** I cancelled the transaction.
- Incorrect Amount:** A transaction for \$ posted on my statement as \$
I have enclosed my receipt which shows the correct charge amount.
- Merchandise/Service Not Received:** I did not receive the service or merchandise requested.
- Defective/Not as Described:** The service or merchandise received did not match the description; or the merchandise is defective/damaged.
- Paid By Other Means:** I have already paid this transaction by (please attach copy of other payment):
 Check Cash Other Credit Card Money order
- Credit Not Posted:** The merchant did not process a credit transaction receipt. (Please attach receipt copy.)
- Returned Merchandise:** I have returned the merchandise to the merchant and I have not received a credit.
- Unrecognized Transaction:** I do not recognize the transaction.

Cardholder Signature: _____ Date:

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If claiming an unauthorized transaction your account must be closed. Please call 800-932-0036 for immediate assistance in initiating a fraud claim.