

Client:
Last Name:
First Name, Middle Name:
Date of Request:
Way2Go Card™ Number:
Account Number:
Service Request Number:

Note: If you do not have your Account Number or Service Request Number, please make sure to include the Card Number. You can also obtain this number by calling Customer Service.

Please complete this form to initiate a dispute related to any authorized transactions on your account. This form must be completed and submitted as soon as possible, but not later than 60 days after the date of the transaction being disputed. Please include a copy of any supporting documents such as receipts, contracts, emails, delivery information, cancellation information, etc, when submitting your request. Your supporting documentation will assist us in our investigation. We will contact you in writing within 10 business days after our receipt of your request to inform you of our decision regarding whether the funds in dispute will be provisionally credited to your account. We will further inform you in writing of our final decision on this dispute.

REQUEST FOR INVESTIGATION FORM

Check the box below that indicates the nature of your dispute.

Note: If the required information is not provided, we may not be able to assist you with your dispute.

<input type="checkbox"/>	I have returned the merchandise or have not received merchandise/service(s) and requested credit from the merchant. (Must allow merchant 30 days to post the credit after the return of the merchandise or cancelation of the service) <ul style="list-style-type: none">• Attach letter stating the specific date and reason for returning the merchandise and the merchant's response to the request for credit.• Attach proof that the merchandise has been returned (i.e. mail return receipt)• If merchandise has not been received, please provide dates merchant was contacted and his/response to your inquiry
<input type="checkbox"/>	The merchant who has not yet posted credit to my account gave me a credit slip, or my credit has posted as a charge on my account. (Must allow merchant 30 days to post the credit after the return of the merchandise) <ul style="list-style-type: none">• Attach copy of credit slip
<input type="checkbox"/>	I cancelled my order with _____, on _____ (date) and my cancellation number (if given) is: _____ (Claim will not be processed without proof of cancellation)
<input type="checkbox"/>	I have been billed for an incorrect amount. (Claim will not be processed without proof of correct amount of the transaction. Please attach a copy of the receipt)
<input type="checkbox"/>	Merchandise was shipped to me has arrived damaged, defective, and/or different from what I ordered. (Claim will not be processed without proof that the merchandise has been returned, or that there has been an attempt to return to the merchant)
<input type="checkbox"/>	I paid for this purchase by other means. (Claim will not be processed without proof of payment by other means – i.e. credit card statement where charge appears, front and back of cancelled check, cash receipt, etc)

Client:
Last Name:
First Name, Middle Name:
Date of Request:
Way2Go Card™ Number:
Account Number:
Service Request Number:

Note: If you do not have your Account Number or Service Request Number, please make sure to include the Card Number. You can also obtain this number by calling Customer Service.

REQUEST FOR INVESTIGATION FORM

Please list all of the transaction(s) that you are disputing

You may check your account balance online to verify information regarding transaction(s) posted to your account by visiting <https://www.goprogram.com>

DATE OF TRANSACTION	MERCHANT NAME	AMOUNT

State:
Last Name
First Name Middle Name
Date of Request:
Way2GO Card Number:
Account Number:
Service Request Number:

Note: If you do not have your Account Number or Service Request Number, please make sure to include the Card Number. You can also obtain this number by calling Customer Service.

Please note below what the merchant(s) said when you contacted them about the charge(s).

Please provide details below regarding your dispute concerning transaction(s) that have posted to your account.

Comments: _____

State: _____
Last Name _____
First Name Middle Name _____
Date of Request: _____
Way2GO Card Number: _____
Account Number: _____
Service Request Number: _____

Note: If you do not have your Account Number or Service Request Number, please make sure to include the Card Number. You can also obtain this number by calling Customer Service.

This portion of the form should only be used by cardholders who are requesting research of (IVR) Funds Transfer that has not deposited to receiving bank account.

If you did not process a bank transfer do not use this page.

Comments: _____

TRANSFER DETAILS

This portion of the form should only be used by cardholders who are requesting research of (IVR) Funds Transfer that has not deposited to receiving bank account.

If you did not process a bank transfer do not fill in this section.

What was the date of the IVR transfer? _____

The Bank Information:

- What was the Bank Account Number? _____
- What was the Bank Routing Number? _____
- What is the Name on the Account? _____
- What was the Amount of Transfer? _____

CARDHOLDER SIGNATURE

PHONE NUMBER

DATE