



Dispute Form

Please print, complete, and sign this form if you are disputing a charge from a merchant which posted to your Ventiva card.

Your completed form must be either mailed or faxed to us within 60 calendar days of the transaction date. Be sure to provide all supporting documentation with your response as this will enable us to begin pursuing credit from the merchant more quickly. Before sending, make sure all information is complete. Disputes generally take between 60 and 90 days to complete.

Client Information:

PRN/Last 4 Digits of Card Number: _____

Cardholder Name: _____

Daytime Phone: _____

Cardholder Signature: _____

Today's Date: ____/____/____.

Transaction Information:

Transaction Date: ____/____/____. Amount of Charge: \$_____. _____.

Merchant Name: _____

Please return your completed form and a letter describing the issue to us by mail or fax:

Oportun Disputes
P.O. Box 71337
Salt Lake City, UT 84171-0337

Fax Number: (801)-677-8613



Dispute Form

Check the option that best describes the situation:

I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.

I authorized only one charge from the merchant for the amount of \$_____. The date of the valid transaction was ____/____/____. I did not authorize the additional charge from this same merchant in the amount of \$_____, which posted on ____/____/____. My card has always been in my possession.

My account has been charged for the transaction listed below, but I have not received the merchandise or service. I expected to receive _____ from the merchant on ____/____/____. I contacted the merchant on ____/____/____, and their response was _____. The matter has not been resolved.

I have received a credit voucher for the listed charge, but it has not yet appeared on my account. A copy of the credit voucher/voided transaction receipt is enclosed.

I have been billed the wrong amount. Enclosed is a copy of my receipt which shows how much I authorized. The receipt shows I should have been charged \$_____, but I was billed \$_____.

The item purchased does not conform to what was agreed upon with the merchant. I attempted to return the merchandise on ____/____/____. (Please specify what goods, services, or things of value were expected versus received. Enclose any documentation which supports your claim. If you have returned merchandise to the merchant, please provide us with proof of return, such as return receipt, or provide us with the tracking number. If you were unable to return the merchandise, please explain why)

On ____/____/____ at ____:____ AM/PM. I attempted to withdraw \$_____ from the ATM located at _____. The ATM gave me \$_____ yet I was charged \$_____. A copy of the transaction receipt is enclosed.

If none of the above reasons apply: Please print this form and provide a complete description of the problem by detailing your attempted resolution with the merchant and outstanding issues. Also enclose any documentation that may support your claim.