

FAX COVER SHEET

To: MBNA Disputes

From:

Phone Number: 1-866-601-7203

Phone Number:

Fax Number: 1-877-839-6262

Fax Number:

Total # of pages (including fax cover sheet): _____

Date: _____

CHECK LIST

Prior to sending in your form please ensure you have considered the following (as applicable):

- I have contacted and documented my attempt to resolve the dispute with the merchant
- I have filled out the customer contact information in section 1
- I have filled out the transaction information in section 2
- I have filled out the critical information in section 3
- I have selected only one box defining why I am disputing this transaction in section 4
- I have filled out the dispute reasons information in section 5 as required based on my dispute
- I have attached all additional supporting documents
- I have signed and dated the form
- I understand someone may follow up with me if additional information is required
- I understand that if I have any active Payment Plans:
 - This dispute process may result in my Payment Plans being paid down or getting cancelled. Once paid down or cancelled, the plan cannot be re-instated.
 - If the Payment Plan is cancelled, the disputed amount will not be part of my Minimum Payment. If it is not cancelled my, Monthly Plan Payments will continue as scheduled.
 - If I want my Monthly Plan Payments to stop, I must cancel the Plan through MBNA online banking.

IMPORTANT INFORMATION ATTACHED

Comments:

TRANSACTION DISPUTE FORM

If you would like to dispute a transaction on your account statement, please return this form within 60 days after the Statement Closing Date of the account statement on which the transaction appears. Otherwise, the statement will be considered accurate (except for any amount which has been improperly credited to the account) and you may no longer make a claim against us in respect to any item on the statement. Complete (electronically and print **or** print and clearly write using blue/black ink), sign a copy of this form, and fax to 1-877-839-6262 or mail to MBNA P.O. Box 9614, Ottawa, ON K1G 6E6. If you do not have access to a printer, you may write a detailed letter on a separate sheet of paper containing the information set out below and return it to MBNA as noted above. **You must use a separate form for each disputed transaction.** Please do not send your payment with your form. If you have any questions or concerns, please call the MBNA Disputes department at 1-866-601-7203 between the hours of 8AM and 7PM E.T., Monday to Friday. It is mandatory that you contact the merchant in an attempt to resolve your dispute prior to contacting us.

Section 1 CUSTOMER INFORMATION (Mandatory)			
First/Last Name:		Best Contact Telephone Number:	
Today's Date:		Signature:	

Section 2 TRANSACTION INFORMATION (AS SHOWN ON STATEMENT) (Mandatory)			
Account Number (Last 4 digits):		Transaction Reference Number:	
Merchant Name:		Amount \$:	Posting Date:

Section 3 CRITICAL INFORMATION FOR ALL DISPUTES WITH A MERCHANT (Mandatory)			
<p>It is mandatory that you contact the merchant to attempt to resolve your dispute prior to contacting us. Please outline the details of your attempt to resolve, including dates and the merchant's response. Please attach any written communication between you and the merchant. If additional space is required to document the details of your claim, please attach a separate piece of paper with the relevant details for each claim.</p>			
Date of attempt to resolve:		Details of attempt to resolve:	
Merchandise or service purchased?			
How did you make this purchase? (select <u>one</u>) <input type="checkbox"/> Over the Phone <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Other:			
<input type="checkbox"/> Item was received on:		Contacted the merchant to cancel on:	
Details of cancellation (method and merchant response):			
Where are the goods now? (select <u>one</u>)	<input type="checkbox"/> In my possession. The merchant has been notified that the goods remain available for pick up at the merchant's expense. <input type="checkbox"/> In the merchant's possession. <i>(Please attach tracking information.)</i> <input type="checkbox"/> In the possession of a government agency. <input type="checkbox"/> I have discarded the goods. I notified them on: _____		
Other/Additional Information:			

Section 4 WHY ARE YOU DISPUTING THIS TRANSACTION? (Please select <u>one</u> box only)	
<input type="checkbox"/> The merchant has changed our agreement without my knowledge or consent. <i>(This dispute requires additional information. Please fill out all that applies in section 5, box 1.)</i>	<input type="checkbox"/> The merchant is billing me on a regular basis even though I cancelled this service. <i>(This dispute requires additional information. Please fill out all that applies in section 5, box 2.)</i>
<input type="checkbox"/> The merchant has provided me with goods/services that do not conform to their original description. <i>(This dispute requires additional information. Please fill out all that applies in section 5 box 3.)</i>	<input type="checkbox"/> I have not received the goods/services that I ordered. The estimated delivery date is:
<input type="checkbox"/> The amount of this transaction was increased from the initial agreement. <i>(This dispute requires additional information. Please fill out all that applies in section 5, box 4.)</i>	<input type="checkbox"/> I have an issue with a Hotel/Stay or Reservation/Auto Rental. <i>(This dispute requires additional information. Please fill out all that applies in section 5, box 5.)</i>
<input type="checkbox"/> I have not received my credit. <i>(This dispute requires additional information. Please fill out all that applies in section 5, box 6.)</i>	<input type="checkbox"/> This transaction failed to complete but billed regardless. <i>(This dispute requires additional information. Please fill out all that applies in section 5, box 7.)</i>
<input type="checkbox"/> I don't recognize this transaction. <i>(This dispute requires additional information. Please fill out all that applies in section 5, box 8.)</i>	<input type="checkbox"/> Other - Even though your dispute does not fall into one of the categories above, we may still be able to assist you. Please use the space below to provide details. <i>(Please attach any supporting documentation.)</i>

1. I purchased: (select all that apply) **Merchandise** or **Services** from the merchant; however, the merchant **misrepresented the terms**. This is commonly selected for a) sample/trial goods purchased that result in additional charges billed or b) lower interest rate solicitations or c) debt counselling services/outbound telemarketing or d) computer antivirus solicitations.

What was agreed to at the point of sale: _____

Please describe what differs from the original agreement: _____

- For contractual agreements in writing, please attach a copy of the contract.
- For online purchases, please attach a copy of the terms and conditions that were agreed to at the original time of purchase.
- For situations where terms and conditions were not presented, **please check one of the following:**
 - There were no terms and conditions presented at the point of sale. At no point in time was I redirected to an alternate site to review additional terms and conditions.
 - There were no terms and conditions presented at the point of sale. I engaged with the merchant believing that I was dealing with: (insert merchant name here) _____ and at no point in time was I informed that I was dealing with an alternate company as shown on my statement.

2. I notified the merchant in accordance with their terms and conditions to cancel the recurring transaction; however, the merchant continues to bill me.

Cancellation date: _____

(Note: Cancellation date must be before the transaction date on your statement.)

3. I purchased: (select all that apply) **Merchandise** or **Services** from the merchant that were not as described or defective (includes counterfeit, shipped merchandise, merchandise received damaged or not suitable for its intended purpose). Please provide a copy of the invoice received at the time of purchase. We may also require proof from an expert in the field of the goods/service that the item is counterfeit. Please describe the mischaracterization, defect, or quality issue in comparison to the bill of sale (invoice) and include any additional comments below:

(select all that apply)

- Counterfeit Damaged Defective Quality

4. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was totalled incorrectly.

(Please provide a copy of the sales slip that shows the correct amount.)

5. Select one only:

- I did use my reservation; however, I have been billed an additional amount that I did not authorize.

Merchant justification for charge: _____

- I notified the merchant on: _____ to cancel the pre-authorized reservation. The merchant accepted my cancellation; however, the merchant still charged my account. Please note the cancellation number: _____ and provide proof of cancellation.

- I was billed for loss, theft, or damage in the same transaction as the underlying initial service. *(Please provide invoice/receipt.)*

6. I have not received a credit for my cancelled transaction. Please choose one of the following:

- I have returned merchandise on: _____ and I have not received a credit on my account. *(Please provide proof of return.)*

- The attached credit slip has not posted to my account. *(Please provide proof of the credit issued.)*

7. I attempted to make this purchase; however, the purchase was declined or the transaction was voided at the point of sale due to a system error but the transaction was still billed to my account. Please choose one of the following:

- I paid it by other means. *(Please enclose proof of alternate payment ex: alternative statement, reference number or cash receipt.)*

- I abandoned the transaction.

8. Select one only:

- I do not recognize this charge on my account. I contacted the merchant on: _____ and the merchant was unable to clarify the reason for the charge. *(This is commonly selected when the merchant, amount, or date is familiar; however, it cannot be confirmed.)*

- I have NEVER engaged with this merchant. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me.

First/Last Name:
(Please print clearly)

Signature:
(Required)