

Credit Card Chargeback Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Your Credit Card Company Name]

[Credit Card Company Address]

[City, State, Zip Code]

Account Number: [Your Account Number]

Subject: Dispute of Charge - [Transaction Date/Reference Number]

Dear [Credit Card Company Name] Customer Service,

I am writing to formally dispute a charge on my credit card statement for the period ending [statement date]. The details of the transaction are as follows:

- Merchant Name: [Merchant Name]
- Transaction Date: [Transaction Date]
- Transaction Amount: [Transaction Amount]
- Description of the Issue: [Briefly describe the discrepancy or issue]

According to my records, this charge is inaccurate because [explain the reason for the discrepancy, e.g., an incorrect amount, no merchandise received, etc.].

I have attached [mention any supporting documents, e.g., receipts, correspondence, etc.] to support my claim.

In accordance with the Fair Credit Billing Act, I request that you investigate this matter and process my request for a chargeback. Please inform me of any updates regarding this chargeback process.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]