



P.O. Box 951
Horsham, PA 19044

July 19, 2020

000031/1131876//0031/0000/000000/000055 000 01 000000
TYRIQUE D DANIEL
3860 RED DEER TRL
BROOMFIELD CO 80020-5560

RE: Merchant Dispute

Tyrique D Daniel,

We've completed our research for the disputed transaction(s) on your Ally Bank account.

Here's a summary of the disputed transaction(s):

Date Reported:	07/12/2020
Dispute Number:	159300-279032
Account Number:	xxxxxx4509
Debit Card Number:	x-3656
Transaction Date:	07/03/2020
Transaction Amount:	\$112.50
Merchant Name:	SQ *FEMME IN MIND BRAN gosq.com, MD, US
Description of Dispute:	POS

Our research indicates that the disputed transaction(s) was authorized and is correct; so, provisional credit will not be provided. You have a right to request a copy of the information we used in making our decision.

Although this transaction(s) is not covered under the regulatory dispute resolution process, we'd like to assist you in disputing the transaction(s) and have enclosed a *Cardholder Statement of Dispute* form.

For our assistance with this dispute, ***within five calendar days of your receipt of this letter:***

- Complete and sign the form providing as much detail as possible.
- Return the form and any additional documentation in the enclosed, self-addressed, postage-paid envelope; scan and email to transactiondisputes@ally.com; upload through secure message; or fax to 1-866-699-2969.
- Retain a copy of the completed form for your records.

Finally, please note it may take up to 90 days, from the time we receive your completed form, to obtain a response from the merchant.

Questions?

You can log in at www.ally.com or our mobile app to get help, or call us at 1-877-247-2559. Our award-winning customer care is available 24/7 to help with whatever you need.

Enclosure(s)

000031-02-07



SIGNATURE - CARDHOLDER STATEMENT OF DISPUTE

Cardholder Name: Tyrique D Daniel
Card# (Last 4 digits): 3656

Dispute	Date	Amount	ARN
279032	07/03/2020	\$112.50	55432860185200814711539

Merchant Name- SQ *FEMME IN MIND BRAN gosq.com, MD, US

Dispute	Date	Amount	ARN

Merchant Name-

Dispute	Date	Amount	ARN

Merchant Name-

Dispute	Date	Amount	ARN

Merchant Name-

Dispute	Date	Amount	ARN

Merchant Name-

Dispute	Date	Amount	ARN

Merchant Name-

***See Page 6 if additional space is needed**

Dispute Reason:

Review the below dispute reasons and select the ONE option which pertains to the dispute listed on this form.

- ☐ **Incorrect Amount** (I was billed the wrong amount)
What was the amount you should have been billed? \$ _____
The amount posted was \$ _____
Have you provided the required copy of your receipt or documentation? _____
What is being disputed and why? _____
If the transaction is for lodging or vehicle rental, which charges are being disputed? _____
When was the merchant contacted? _____

Please describe your attempt to resolve this dispute with the merchant in the space for addition information in the Dispute Detail section
- ☐ **Duplicate Charge** (I have been billed more than once for the same transaction)
I have been billed twice for the same purchase. The original transaction as posted on: _____ (Date).
The second transaction was posted on: _____ (Date).

Dispute Number: 159300
CIF Number: 2161103



SIGNATURE - CARDHOLDER STATEMENT OF DISPUTE

Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.

- ☐ **Paid by Other Means** (I paid for this transaction via another payment method or credit card)

What was purchased? _____

Original Transaction Paid by (Check One): _____

- ☐ Check
☐ Cash
☐ Another Credit/Debit Card
☐ Other _____

Date the merchant was contacted was: _____ (Date)

Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used

Please describe your attempt to resolve this dispute with the merchant in the Dispute Detail section

- ☐ **Cancelled Service or Reservation** (I was charge for something for I previously cancelled)

What was purchased? _____

When was the merchant contacted? _____ (Date).

Date of Cancellation? _____ (Date)

What was your method of cancellation? (Check one)

- ☐ Phone
☐ Mail
☐ Email
☐ Other _____

Telephone: Name of the person you spoke with: _____

Mail/Email: Who were the instructions sent to? _____

Describe the reason for cancellation: _____

If a service or reservation – Provide cancellation number: _____

If unable to provide a cancellation number, please provide explanation: _____

If the dispute is for lodging, were you advised a no show fee would be charged?

- ☐ Yes
☐ No

Provide details about the hotel-provided accommodations that were not to your liking: _____

Please provide any documentation supporting your claim.

Please describe your attempt to resolve this dispute with the merchant in the space for additional information in the Dispute Detail section.

- ☐ **Merchandise was damaged or defective**

What was purchased/ordered? _____

Date the merchandise was received? _____ (Date).

What was damaged or defective? _____

Name of the person you spoke with: _____

Merchant's response: _____

Was the merchandise returned?

- ☐ Yes
☐ No

Date of return or attempted return: _____ (Date).

Return Merchandise authorization number: _____

Date Delivered: _____ (Date).

Shipping Company Name (required for non-face-to-face returns) i.e. FedEx: _____

Shipping Tracking Number (required for non-face-to-face returns): _____

Address Shipped to: _____

Who signed for the package? _____

Please describe your attempt to resolve this dispute with the merchant in the space for addition information in the Dispute Detail section

- ☐ **Quality not as described** (Although I did engage in the transaction(s), I am disputing the quality of the goods and services I received. I have contacted the merchant and either have not received credit or I am still unsatisfied.)



SIGNATURE - CARDHOLDER STATEMENT OF DISPUTE

What was ordered or purchased? _____
Describe why the merchandise or service was not as described or unsuitable for the purpose intended _____

Date the merchandise or service was received: _____ (Date).
Describe your attempt to resolve with the merchant: _____

Name of the person you spoke with: _____
Date the merchant was contacted: _____ (Date).
Merchant's response: _____
Date of return or attempted return: _____ (Date).
Return Merchandise authorization number: _____
Date Delivered: _____ (Date).
Shipping Company Name (required for non-face-to-face returns) i.e. FedEx: _____
Shipping Tracking Number (required for non-face-to-face returns): _____

Address Shipped to: _____
Who signed for the package? _____

For quality disputes, if face to face, please include documentation from an expert or professional that supports your dispute about the level of quality or misrepresentation described on the original receipt (on the letterhead or a copy of their license or business card)

Please describe your attempt to resolve this dispute with the merchant in the space for addition information in the Dispute Detail section

☐ **Returned Merchandise** (I have returned merchandise, cancelled a service and have not received the promised credit)

What was purchased? _____
When was the merchant contacted? : _____ (Date).

Was a credit voucher, letter of intent to credit, voided transaction receipt, or refund acknowledgement given?

- ☐ Yes
☐ No

When was the merchandise returned, credit issued or cancellation accepted? _____ (Date).

Were you aware of the merchant's refunds policy?

- ☐ Yes
☐ No

If Yes, please explain: _____

Date of return or attempted return: _____ (Date).
Return Merchandise authorization number: _____
Date Delivered: _____ (Date).
Shipping Company Name (required for non-face-to-face returns) i.e. FedEx : _____
Shipping Tracking Number (required for non-face-to-face returns) : _____

Address Shipped to: _____
Who signed for the package? _____

Please provide a copy of the return receipt or proof of return, such as a postal receipt if applicable. Please provide any documentation you have such as a receipt that supports your claim the merchant promised you a credit.

Please describe your attempt to resolve this dispute with the merchant in the space for addition information in the Dispute Detail section

☐ **Non-Receipt of Merchandise or Service** (I did not receive the merchandise or service I ordered by the agreed upon date)

I have not received the merchandise I ordered or expected to receive as of this date and I have contacted the merchant _____ (Date).

What was purchased? _____

What was the expected date of receipt? : _____ (Date).

When was the merchant contacted? _____ (Date).

Please describe your attempt to resolve this dispute with the merchant in the space for addition information in the Dispute Detail section



SIGNATURE - CARDHOLDER STATEMENT OF DISPUTE

- ☐ **I authorized one or more transactions, but I was billed for an unauthorized transaction** (I did engage in a transaction with the merchant, but I was billed for a transaction(s) that I did not engage in, and did not authorize anyone else to use my card)

At the time of the unauthorized transaction, my card was (check one):

- ☐ In my possession
☐ Not in my possession

Date you attempted to resolve with the merchant: _____ (Date).

Please provide the required receipt or proof of the authorized transaction

Please describe your attempt to resolve this dispute with the merchant in the space for additional information in the Dispute Detail section

I have been unable to resolve this matter with the merchant directly. I give my consent to my financial institution to attempt to resolve this matter on my behalf.

Cardholder Signature: _____ **Date:** _____

Daytime Phone Number: () - .

- ☐ **Unauthorized** (I am positive I did not make this transaction)

Cardholder Certification of Fraudulent Activity

I did not make not/authorize the charge(s), or authorize anyone else to make the charge(s). I understand my card must be blocked and a new card number must be issued to me.

Where does the cardholder store their PIN? _____

What was the last valid transaction? _____

1. The card used for the disputed transaction was requested by me (Check one):
☐ Yes
☐ No
2. To the best of my knowledge, my Card was (check one of the following):
☐ In my possession at all times when the disputed transaction(s) occurred
☐ Lost on approximately _____ (Date)
☐ Stolen on approximately _____ (Date)
☐ Never received
3. I learned of the disputed transaction on approximately _____ (Date)
4. The transactions listed on the following page(s) of this form were (check the box next to each true statement):
☐ Not made or authorized by me.
☐ To the best of my knowledge not made by any person who was authorized to use my card.
5. I do do not have knowledge of the identity of the person(s) illegally using my name, account number or Card.
(If you have such knowledge, please provide this information in the section provided on the page 6)

I did not receive any benefit from the transaction listed on the following page(s). I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or Card Account.

Cardholder Signature: _____ **Date:** _____

Daytime Phone Number: () - .

Section 1344 of the United States Criminal Code, 18 U.S.C. § 1344, makes it a crime punishable by a fine of up to \$1 million and imprisonment for up to 30 years or both to make a knowingly false statement or representation to obtain money from a financial institution.

Dispute Number: 159300 _____
CIF Number: 2161103 _____



SIGNATURE - CARDHOLDER STATEMENT OF DISPUTE

Dispute Details

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide any information you have in the space below. This Information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person(s) who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).

Additional Information (Please provide additional information required for the dispute type and a full description of your interaction with the merchant from purchase to your last contact. Attach additional pages if necessary.)

Dispute Number: 159300
CIF Number: 2161103