

MasterCard Chargeback & Copy Request

Date: _____ ☐ Chargeback ☐ Copy Request

Card Issuing Institution Name/Logo: _____

Cardholder Account Number: _____

Merchant Name: _____

Merchant Address: _____

Transaction Date: _____ Transaction Amount: _____ Chargeback Amount: _____

Tran ID/Acquirer Reference Number: _____ Switch Serial Number: _____

Documentation Required: ☐ Yes ☐ No Fraud Related: ☐ Yes ☐ No

Chargeback Reason Code: _____ Progressive Handling Fee: ☐ Yes ☐ No

Copy Request Reason Code: _____

Message Text: _____

Comments: _____

Contact Name: _____

Contact Phone: _____ Fax: _____

Fax Chargeback and Copy Request form and attachments to fax 973-359-0194.

Card Services Use. Attention Indexers

Please Index this request by the Cardholder Account Number to create the Case.