

619 - Duplicate Processing

Amount:

Dispute Full Amount

Dispute Partial Amount

Acceptance Amount: \$ _____

Financial Processed Date: * _____ (mm/dd/yyyy)

Why are you not accepting full responsibility? _____

Response Reason: Cardholder No Longer Disputes

Comment: _____

Note: _____

Response Reason: Credit Processed

Explanation: _____

Credit Amount: * \$ _____

Credit Processed Date: * _____ (mm/dd/yyyy)

Acquirer Reference Number: * _____

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Services or merchandise were provided prior to cancellation date

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Disputed amount is due to value added tax

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Returned merchandise is being held in a custom agency outside merchant's country

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Merchant properly disclosed a limited return or cancellation policy at the time of transaction

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Cardholder received merchant cancellation or return policy and did not cancel according to policy

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Dispute is for the quality

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Cardholder did not attempt to return merchandise

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____

Response Reason: Invalid Dispute

Comment: _____

Invalid Dispute Reason: Not listed above

What cancellation date did the cardholder request?: * _____ (mm/dd/yyyy)

Note: _____