

Deposit Accounting 6300 University Center A 282 Champions Way Tallahassee, FL 32306-2391 CTL-TransactRefunds@fsu.edu

## **Transact Chargeback Withdrawal**

The purpose of this form is for a cardholder to withdraw a dispute they have made on a charge processed by the university via credit card using Transact functionality. **Note:** This form should ONLY be submitted once the cardholder has reached out to their bank to withdraw the dispute. In addition, written documentation from the bank showing the dispute has been withdrawn should be included with this form.

Cardholder Information	
Cardholder Full Name	
Amount of Transaction	
Transaction Date	
Last 4 digits of card used	
Reason for Withdrawing Dispute	
Please provide an explanation below as to why the dispute was initially made and is now being withdrawn.	
By signing below, I am hereby withdrawing	g the dispute for the above transaction, as I have since determined the charge to be valid.
Cardholder Signature	Date

When signed and completed, please email to CTL-TransactRefunds@fsu.edu.