



CARDHOLDER DISPUTE FORM

Cardholder Name _____ Card Number _____

Transaction Date _____ Merchant Name _____

Transaction Amount(s) \$ _____ Total Dispute Amount \$ _____

- I swear this Cardholder Dispute Form is true and understand that making a false sworn statement is subject to Federal and/or State statutes and may be punishable by fines and/or imprisonment.
- I give my consent to have this dispute/claim reviewed by a credit union investigator and understand that I may be asked to provide additional details for this investigation.
- I also understand that incomplete or inaccurate information could result in the decline of my dispute.

Cardholder Signature _____

Date _____

Please check the appropriate box below that matches your dispute type the closest. The required fields per box are marked with an asterisk (*). Your signature above is required.
Return this form and any supporting documents so that your dispute can be processed in a timely manner.

Choose from one of the dispute categories below:

Cancellation dispute

Were you advised of any cancellation policy? yes no (if yes, explain below) _____

* Date of cancellation: _____ Spoke with: _____

* Cancellation number: _____

* Reason for cancellation: _____

I canceled this recurring transaction with the merchant on (date): _____ how _____

* **Describe your attempt to resolve with the merchant:** _____

Returned merchandise dispute

* Date returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Authorization Number (RMA): _____

* Shipping Company: _____ Tracking number: _____

* Reason for return: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

* Date of credit slip: _____ Invoice/receipt number of the credit: _____

* **Describe your attempt to resolve with the merchant:** _____

I was charged two or more times for the same transaction

Date of first charge: _____ Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

* **Describe your attempt to resolve with the merchant:** _____

I paid for these goods or services by other means

check cash other Bank Card Other: _____

* **Describe your attempt to resolve with the merchant:** _____

*Note: if selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

Non-receipt of goods or services

* Tickets Merchandise not received Service not received

* I expected delivery/services on (date): _____

* Merchant unwilling or unable to provide service: yes no (if yes, explain) _____

* **Describe your attempt to resolve with the merchant.** _____

* Merchant Response: _____

* If no merchant response, explain: _____

A credit transaction posted as a debit in error

* A credit for \$ _____ was posted to my account as a debit.

- You must supply a copy of the credit receipt received from the merchant.

* **Describe your attempt to resolve with the merchant:** _____

Incorrect transaction amount

* The amount of this transaction posted for \$ _____ but should have posted for \$ _____

- If available please supply a copy of your receipt.

* **Describe your attempt to resolve with the merchant:** _____

Quality of services or goods, defective merchandise or not as described

* Describe the difference between what was ordered and what was received or provide copy of written purchase order.

What was defective or why the purchase is unsuitable for your needs. _____

* Date cardholder received merchandise or service _____

* Date merchandise returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Auth. #: _____

* Shipping Company: _____ Tracking number: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute.

* Date services cancelled: _____ How? _____

* **Describe your attempt to resolve with the merchant:** _____

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it

* ATM Number: _____ Transaction reference number: _____

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one of those attempts

Detailed Explanation: _____

I did not receive credit for a UFCU ATM deposit attempt.

* ATM Number: _____ Time of Transaction: _____ AM PM

Deposit Type: Check – Amount(s) _____

Cash – Denominations: \$100 x _____ \$50 x _____ \$20 x _____ \$10 x _____ \$5 x _____ \$1 x _____

Detailed Explanation: _____

Additional information: Attach a separate sheet or letter if more room is needed for your explanation.

For Credit Union Use Only:

Submitted By: