

CARDHOLDER STATEMENT OF DISPUTE – Credit Card

Instructions: Please print. Complete both sides of this form and provide a detailed explanation. Attach any supporting documentation.

Name: _____ Card Number: _____

Street Address: _____ Member Number: _____

City, State, Zip: _____ Telephone Number: _____

I. DISPUTED ITEM(S): List each item separately. Use additional space on the back if necessary.

Transaction Date	Transaction Post Date	Transaction Amount	Merchant Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. DISPUTE REASON: Select the best reason that describes your dispute or fraud claim. Please select only one.

- Unrecognized** - I am not sure if I made this transaction.
- Incorrect Amount** – I was billed the wrong amount.
- Duplicate Charge** – I have been billed more than once for the same transaction.
- Paid by Other Means** – I paid for this transaction via another payment method or credit card.
- Cancelled** – I was charged for something I previously cancelled.
- Merchandise Not As Described** – The merchandise I received was damaged, defective or not what I ordered.
- Service Not As Described** – The service I received was not what I expected based on the description provided by the merchant.
- Credit Not Processed** – I did not receive credit that was promised to me by the merchant.
- Non-Receipt of Merchandise or Service** – I did not receive the merchandise or service I ordered by the agreed upon date.
- Fraudulent** – I did not make nor authorized the transaction.
- Other** – _____

III. MERCHANT RESOLUTION: MasterCard and Visa regulations require that an attempt to contact the merchant to resolve the disputed transaction(s) be made prior to the credit union's involvement for NON-FRAUD claims.

Date of contact with merchant for resolution: _____

Outcome of contact: _____

Dispute Information Form

Card #:

Cardholder Name: (please print)

First: _____ Last: _____

Please check only one statement that pertains to the dispute or fraud claim being filed and provide the information requested. The templates below assume the cardholder's perspective.

Unrecognized (I am not sure if I made this transaction)

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

Incorrect Amount (I was billed the wrong amount)

What was the amount you should have been billed? _____ (Please provide a receipt if available)

What was purchased? _____

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

Duplicate Charge (I have been billed more than once for the same transaction)

What was purchased? _____

Please provide a copy of the statement and identify which charge is valid and which is a duplicate.

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

What was purchased? _____

Paid by: (Circle One) Check Cash Another Credit Card Other _____

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

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.

Cancelled (I was charged for something I previously cancelled)

What was purchased? _____

Were you advised of the merchant's cancellation policy? _____

If so, how were you advised? _____

What was your method of cancellation? (Circle One) Phone Mail Email Other _____

Date of cancellation: _____

Cancellation number and/or name of person you spoke with: _____

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

If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide a copy of the email correspondence.

Merchandise not as Described (The merchandise I received was damaged, defective, or not what I ordered)

What was purchased? _____

Date the merchandise was received: _____

Date you returned the merchandise or made it available for pick up: _____

Return authorization number or cancellation number if available: _____

Tracking number for returned merchandise: _____

Please describe your attempt to resolve this dispute with the merchant and how the merchandise you received was different from what was described in the space for **additional information** below.

