

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: _____

Cardholder Certification of Fraudulent Activity

Card #:

Cardholder Name: (please print)

First: _____ Last: _____

Unauthorized (I am positive I did not make this transaction)
I did not make nor authorize the charge(s), or authorize anyone else to make the charge(s).
I give permission for my card to be blocked and for a new account number to be issued to me if necessary.

At the time the fraudulent transaction(s) occurred, my card was (check one):
 in my possession. not in my possession.

Cardholder Signature: _____ Date: _____

Note: FIS has final responsibility to determine the correct reason code based on information provided and investigation results.