

# CARDHOLDER STATEMENT OF DISPUTE

**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:** Check mark the box that best fit your dispute and provide details on the back. You may also be required to provide supporting documentation such as a receipt, proof of payment, etc.

**Fraudulent**  
 I did not authorize the above transaction(s), however the card was in my possession.  
 At the time of the transaction, the card was  LOST  STOLEN.  
 Date card lost/stolen \_\_\_\_\_ Date card reported lost/stolen \_\_\_\_\_

**Cancellation of Merchandise or Services**  
 Type of services or merchandise: \_\_\_\_\_  
 Cancellation Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Do you have a cancellation number?  Yes  No Cancellation Number \_\_\_\_\_  
 Did you receive any merchandise or services after the cancellation date?  Yes  No  
 If yes, on what date did you return it? \_\_\_\_\_  
 By what METHOD did you return the merchandise? i.e. USPS receipt, Overnight, etc. \_\_\_\_\_

**Return of Merchandise**  
 Type of services or merchandise: \_\_\_\_\_  
 Return Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Do you have a return or credit receipt?  Yes  No It has been more than  30 days  15 days  
 By what METHOD did you return the merchandise? i.e. USPS receipt, Overnight, etc. \_\_\_\_\_

**Merchandise or Services Not Received**  
 Did the merchant provide a delivery date?  Yes  No Expected Delivery Date \_\_\_\_\_  
 Has it been longer than 30 days?  Yes  No  
 What SERVICES was expected and HOW did the merchant FAIL to meet your expectations? \_\_\_\_\_

**Transaction Amount Differs** – must provide a copy of the receipt with the correct transaction amount.  
 **Paid By Other Means** – must provide a copy (proof) of other means of payment; i.e. canceled check, bank stmt, etc.  
 **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: \_\_\_\_\_

