

Cardholder Dispute Form



Cardholder Name: _____ Member Number: _____

Daytime Phone: _____ Email: _____

Card Number:

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At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Stolen <input type="checkbox"/> Lost	Date loss was discovered	Date loss reported to Credit Union
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I have examined the charges on my Visa Debit/Credit card statement and question the following transactions(s).

Date Transaction Appears on Account / Statement	Merchant Name	Amount of Transaction

Did this / these transactions cause overdraft or courtesy pay fees? Yes No

The following explains my dispute:

- I authorized one transaction with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized.
- I participated in the above transaction, but have not received the merchandise. (Describe your attempts to resolve the matter with the merchant as well as the expected date of delivery on the additional space provided).
- I participated in the above transaction, but have returned the merchandise/cancelled services on _____ per the merchant's instructions and have not received credit. Enclosed is a copy of the signed return receipt. (If applicable)
- The shipped merchandise I received is defective. (Describe the defect or damage and attempts to return the merchandise, and the merchant's response on the next page).
- The merchandise/services were not as described. (Please indicate what was not as described. Otherwise, please provide a description as to what was ordered compared to what you received. i.e.: color, quantity, etc)
- I contacted the merchant on _____ and canceled the monthly recurring transaction.
 - My cancellation number is _____.
 - I was not given a cancellation number.
- I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me.

Describe situation and attempts to reconcile with merchant below. Attach additional sheets if necessary.

The more information we have increases our chances of recovering the disputed funds and will also speed up the recovery process.

If your card was stolen, please provide the following information.

- a. Date you filed police report? _____
- b. What police department did you file with? _____
- c. Officers Name? _____
- d. Officers Contact Information _____
- e. Case Number _____

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this cardholder Dispute Form is true and understand that making a false statement is subject to federal and/or state statues and may be punishable by fines and/or imprisonment.

Cardholder Signature: _____ Date: _____

Credit Union Employee Number: _____ Date: _____

----- **Credit Union Use - Verbal Notification Only** -----

Verbal Notification Only - CU Employee Number: _____ Date: _____

Reason the cardholder has given for disputing this/these transactions -
