



Cardholder Dispute Form

Non-Fraudulent Use of a Credit or Debit Card

Name: _____ Daytime Phone Number: _____
 Card Number: _____ Account Number: _____
 Transaction date: _____ Merchant name: _____
 Transaction amount: \$ _____ Dispute amount: \$ _____

Cardholder Signature: _____ Date: _____

Before disputing a charge, you must make every effort to resolve the charge with the merchant.

Select Type of Dispute (Only check one). Please attach any documents that may support your dispute.

All blanks per dispute are required fields

Cancellation dispute: This includes reservations, subscriptions, memberships, services, orders, etc.

Were you advised of any cancellation policy? Yes No (if yes, explain below)

Date of cancellation: _____ Spoke with: _____

Cancellation number: _____ Reason for Cancellation: _____

How did you cancel? _____

*Please include any letters, emails, or faxes informing merchant of cancellation.

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

*A cancellation number is required in order to process a hotel cancellation dispute

Returned merchandise dispute:

Date returned: _____ Date received by merchant: _____

If you returned by mail provide the following:

Return Merchandise Authorization Number (RMA): _____

Shipping Company: _____ Tracking number: _____

Reason for Return: _____

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

*If you have proof of a credit not posted please provide the receipt

*If possible please get a tracking number or proof of return

I was charged two or more times for the same transaction:

Dates of posted charges: 1st _____ 2nd _____ 3rd _____ 4th _____

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

I did not receive cash from an ATM withdrawal attempt

Withdrawal from Savings or Checking: _____

Describe details of error: _____



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I paid for these goods or services by other means:

Check Cash Other Bank Card Other: _____

Describe your attempt to resolve with the merchant: _____

*You must supply a copy/proof of that 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. I expected delivery/services on (date): _____

Merchant unwilling or unable to provide service

Describe your attempt to resolve this with the merchant: _____

What date/how did you try to resolve this with the merchant? _____

What was ordered: _____

A credit transaction posted as a debit in error

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

Describe your attempt to resolve with the merchant: _____

*You must supply a copy of your receipt showing the correct amount.

Incorrect transaction amount

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

Describe your attempt to resolve with the merchant: _____

*You must supply a copy of your receipt showing the correct amount

Quality of goods dispute

Describe the difference between what was ordered and what was received. What was defective or why the purchase is unsuitable for your needs.

Date returned: _____ Date received by merchant: _____

If you returned by mail provide the following,

Return Merchandise Auth.

#: _____

Shipping Company: _____

Tracking number: _____

Describe your attempt to resolve with the merchant: _____

*If you have proof of a credit not posted please provide the receipt

Other reason

Attach a separate piece of paper or letter if more room is needed for your explanation. If any of the above does not accurately reflect your dispute, please write a separate letter and attach to this form, with the top portion of this form filled out.

CU Use Only
Taken by: _____
Date: _____