



**Cardholder Dispute Letter**

Employee Initial:	Member Account #:
Name:	Home Phone:
Street Address:	Work Phone:
City, State, Zip:	Card Number:
Email:	EMV Chip Card? Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of Loss:  Lost  Stolen  Card was in my possession at the time the transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):

Merchant Name:	Amount:	Transaction Date:

I have listed additional disputes on page 3 of this form.

The following selection explains my dispute. Select only **one** box to indicate this is either a fraud or non-fraud dispute.

**FRAUD DISPUTE – CARDHOLDER IS NOT REQUIRED TO ATTEMPT TO CONTACT MERCHANT**

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. **Card will be blocked.**

**NON-FRAUD DISPUTE – CARDHOLDER IS REQUIRED TO ATTEMPT TO CONTACT THE MERCHANT TO REMEDY DISPUTE**

I certify that I participated in the above transaction but have not received the merchandise/service. I purchased: \_\_\_\_\_

Provide details about the merchandise or service you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant in the **Additional Details** area of this form.

I certify that I participated in the above transaction but returned the merchandise or canceled services on \_\_\_\_\_(date) per the merchant’s instructions and have not received credit. Merchant cancelation policies may apply. Provide full details in the **Additional Details** area of this form.

I contacted the merchant on \_\_\_\_\_(date) and cancelled the monthly recurring transaction. Merchant cancelation policies may apply. Provide full details in the **Additional Details** area of this form.

I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a copy of the credit slip.

I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount is \_\_\_\_\_ and date it was authorized is \_\_\_\_\_.

I certify that this transaction was paid by other means. Proof of payment by other means must be provided.

I certify that an incorrect amount was processed by the merchant. The correct amount is \_\_\_\_\_. Proof of correct amount must be provided.

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The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the **Additional Details** area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant’s response.

The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the **Additional Details** area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant’s response to the request.

**Attempt to Resolve Information**

In dispute cases *except* those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Describe your attempt to resolve here.

- I have attempted to resolve with the merchant.  Yes  No
- Date of contact: \_\_\_\_\_
- Contact method:  Telephone  E-mail  In-person  Other – Describe in **Additional Details**
- Merchant’s response:

\_\_\_\_\_

• If no attempt, why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provisional Credit:**

\_\_\_\_\_(Member’s Initials): I understand that I may receive a provisional credit for the transactions above. If the dispute is found to be in the merchant’s favor, I understand that the credit union will withdraw the provisional credit from my account.

I certify the information is true and correct to the best of my ability.

**Cardholder Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

FI Internal Use Only:

If applicable, date the card was blocked: \_\_\_\_\_

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<b>Merchant Name</b>	<b>Amount</b>	<b>Transaction Date</b>