



CREDIT CARD TRANSACTION DISPUTE

Debit Card

Credit Card

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant (this is a requirement regulated by MasterCard Worldwide), please complete and sign this form. This form must be completed within 60 days of the closing date as printed on your statement. ALL required information/documentation must be received before the dispute resolution process can begin; within ten business days a provisional credit will be issued for the disputed amount, pending the final resolution of the dispute. *This form should not be used for any unauthorized disputed charges, please complete the Affidavit of Fraudulent Use of a Credit or Debit Card.*

Member Name: _____

Member #: _____

Contact Phone #: _____

Cell Work Message Phone Only

Card #: _____

Date: _____

Disputed Transaction Detail:

Transaction Date	Merchant Name and Location	Transaction Amount

Please describe the product or service being disputed: _____

Please indicate the dispute reason by checking one of the applicable reasons listed below.

Cancellation of Service/Purchase Dispute: Proof of cancellation is required, i.e. cancellation number, name of employee that took the cancellation request, cancellation email and any correspondence with the merchant.

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

Date of Cancellation: _____ Method used to cancel : Phone Letter Email Other

Cancellation #: _____ Reason: _____

Returned Merchandise/Credit Not Received Dispute: Proof of the return is required, i.e. credit refund slip, returned postal receipt and any correspondence with the merchant; all fields must be completed.

Date Returned: _____ Date Received by the Merchant: _____

Shipping Company: _____ Tracking #: _____

Reason for Return: _____

If you have a Credit Slip/Voucher or a Refund Acknowledgement that has not posted, please provide:

Date of Credit: _____ Invoice/Receipt Number of the credit: _____

Describe your attempt to resolve with the merchant: _____

Two or more charges for the same transaction:

Date of First Charge: _____ Date of Second Charge: _____
Date of Third Charge: _____ Date of Fourth Charge: _____

Paid for the product or service by other means: *Proof of the payment is required.

Check Cash Other Bank/Credit Card Other _____

***If selecting this dispute reason, you must provide a copy of proof of payment. Proof can include another Bank/Credit Card statement, copy of the front and back of a canceled check or a cash receipt.**

Non-receipt of product or services: All fields must be completed.

Tickets/Merchandise not received. Expected Delivery/services on (Date): _____

Merchant unwilling or unable to provide service/product

Have you attempted to resolve the issue with the merchant? Yes No

If Yes, method of communication and name of employee you dealt with: _____

Merchant Response: _____

If No, Reason: _____

Incorrect Transaction amount: A copy of the credit receipt in question is required for this dispute reason.

The amount the transaction posted for: \$ _____ The actual amount of the transaction: \$ _____

Quality of Product or Services dispute:

Used for disputes relating to products/services not as described, defective, damaged, or otherwise unsuitable for the purposes sold. To process this dispute, the goods/services will need to be returned or cancelled, and proof of a valid attempt to resolve the issue with the merchant is required. Please provide details below (or as an attachment, if needed), such as; what was defective/damaged/or not as described.

Return Date: _____ Date Received by the Merchant: _____

If mailed, Shipping Receipt or Tracking #: _____

Other (Reminder, this form should not be used for any unauthorized charges):

Review for accuracy; attach all required documentation, and/or additional documentation to support your claim, and sign below. Additional information may be needed, at which time a credit union employee may contact you.

Member Signature _____ Date _____

Branch # _____ Operator Name/# _____ Manager Verification Op.#/Initials _____