



## CARDHOLDER DISPUTE FORM

Cardholder Name \_\_\_\_\_ Card Number \_\_\_\_\_

Transaction Date \_\_\_\_\_ Merchant Name \_\_\_\_\_

Transaction Amount(s) \$ \_\_\_\_\_ Total Dispute Amount \$ \_\_\_\_\_

- I swear this Cardholder Dispute Form is true and understand that making a false sworn statement is subject to Federal and/or State statutes and may be punishable by fines and/or imprisonment.
- I give my consent to have this dispute/claim reviewed by a credit union investigator and understand that I may be asked to provide additional details for this investigation.
- I also understand that incomplete or inaccurate information could result in the decline of my dispute.

**Cardholder Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please check the appropriate box below that matches your dispute type the closest. The required fields per box are marked with an asterisk (\*). Your signature above is required.  
Return this form and any supporting documents so that your dispute can be processed in a timely manner.

Choose from one of the dispute categories below:

**Cancellation dispute**

Were you advised of any cancellation policy?    yes    no (if yes, explain below) \_\_\_\_\_

\* Date of cancellation: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Cancellation number: \_\_\_\_\_

\* Reason for cancellation: \_\_\_\_\_

I canceled this recurring transaction with the merchant on (date): \_\_\_\_\_ how \_\_\_\_\_

\* **Describe your attempt to resolve with the merchant:** \_\_\_\_\_

**Returned merchandise dispute**

\* Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

- If mailed, Return Merchandise Authorization Number (RMA): \_\_\_\_\_

\* Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

\* Reason for return: \_\_\_\_\_

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

\* Date of credit slip: \_\_\_\_\_ Invoice/receipt number of the credit: \_\_\_\_\_

\* **Describe your attempt to resolve with the merchant:** \_\_\_\_\_

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

Date of first charge: \_\_\_\_\_ Date of second charge: \_\_\_\_\_

Date of third charge: \_\_\_\_\_ Date of fourth charge: \_\_\_\_\_

\* **Describe your attempt to resolve with the merchant:** \_\_\_\_\_

**I paid for these goods or services by other means**

check    cash    other Bank Card    Other: \_\_\_\_\_

\* **Describe your attempt to resolve with the merchant:** \_\_\_\_\_

\*Note: if selecting this dispute reason, you must supply a copy of proof of other means of 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 Service not received

\* I expected delivery/services on (date): \_\_\_\_\_

\* Merchant unwilling or unable to provide service: yes no (if yes, explain) \_\_\_\_\_

\* **Describe your attempt to resolve with the merchant.** \_\_\_\_\_

\* Merchant Response: \_\_\_\_\_

\* If no merchant response, explain: \_\_\_\_\_

A credit transaction posted as a debit in error

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

- You must supply a copy of the credit receipt received from the merchant.

\* **Describe your attempt to resolve with the merchant:** \_\_\_\_\_

Incorrect transaction amount

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

- If available please supply a copy of your receipt.

\* **Describe your attempt to resolve with the merchant:** \_\_\_\_\_

Quality of services or goods, defective merchandise or not as described

\* Describe the difference between what was ordered and what was received or provide copy of written purchase order.

What was defective or why the purchase is unsuitable for your needs. \_\_\_\_\_

\* Date cardholder received merchandise or service \_\_\_\_\_

\* Date merchandise returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

- If mailed, Return Merchandise Auth. #: \_\_\_\_\_

\* Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute.

\* Date services cancelled: \_\_\_\_\_ How? \_\_\_\_\_

\* **Describe your attempt to resolve with the merchant:** \_\_\_\_\_

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it

\* ATM Number: \_\_\_\_\_ Transaction reference number: \_\_\_\_\_

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one of those attempts

Detailed Explanation: \_\_\_\_\_

I did not receive credit for a UFCU ATM deposit attempt.

\* ATM Number: \_\_\_\_\_ Time of Transaction: \_\_\_\_\_ AM PM

Deposit Type: Check – Amount(s) \_\_\_\_\_

Cash – Denominations: \$100 x \_\_\_\_\_ \$50 x \_\_\_\_\_ \$20 x \_\_\_\_\_ \$10 x \_\_\_\_\_ \$5 x \_\_\_\_\_ \$1 x \_\_\_\_\_

Detailed Explanation: \_\_\_\_\_

Additional information: Attach a separate sheet or letter if more room is needed for your explanation.

**For Credit Union Use Only:**

Submitted By: \_\_\_\_\_