

RELIANT COMMUNITY FEDERAL CREDIT UNION CARDHOLDER DISPUTE FORM

DO NOT USE FOR UNAUTHORIZED TRANSACTIONS (FRAUD)

Today's Date _____ MSR/Teller _____ Member Account # _____

Credit/Debit Card # _____ Cardholder Name _____
(16 Digit Card Number)

Cardholder **Daytime** Phone # _____ Email Address _____

Member's signature is not required

List transactions being disputed

Date of Transaction	Posting Date of Transaction	\$ Amount of Transaction	Merchant Name

Select Type of Dispute (Check ONLY one)

ATM PIN TRANSACTION DISPUTE TYPES

- I did not receive funds requested at an ATM.**
 - Please provide transaction receipt. Amount requested _____
- I received partial funds requested at an ATM.**
 - Please provide transaction receipt. Amount received _____

CREDIT AND DEBIT CARD TRANSACTION DISPUTE TYPES

- Did not recognize** – Please attempt to contact the merchant prior to disputing the charge.
 - When did the Cardholder contact the Merchant? (mm/dd/yy) _____
 - What was the outcome of the merchant contact? _____
- I was billed twice for a single purchase** – Cardholder certifies one transaction is valid, but posted more than once. **All cards issued to me are in my possession**
 - Valid Transaction \$ _____ Post date _____
 - Invalid Transaction \$ _____ Post date _____
- Membership Cancellation** – Please enclose copy of **letter, email, or fax** informing the merchant of cancellation.

- When did the cardholder contact the merchant? _____
 - Reason for cancellation? _____
 - Date of cancellation _____ Cancellation # _____
 - Were you advised of a cancellation policy? Yes _____ No _____
If Yes, what were you told? _____
-

Merchandise was returned - Please attach signed proof of return or credit slip.

- What was ordered? _____
- What was received? _____
- Reason for returning _____
- Was merchandise suitable for the purpose intended? _____
- Merchant's response _____

I did not receive the merchandise - Please contact the merchant and notify us of the outcome.

- When did the Cardholder contact the merchant? (mmddyy) _____
- What was the outcome of the merchant contact? _____
- What was the expected delivery date?(mmddyy) _____ Pickup date? (mmddyy) _____
- Did the Cardholder cancel with the merchant? No _____ Yes _____
- If yes, when? (mmddyy) _____ How? _____
- What was the merchandise that was ordered? _____

I was overcharged for the purchase - Please include a copy of the signed sales receipt.

My credit posted as a sale - Please attach a copy of the credit slip and the original sales slip.

The credit did not post to my account - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

I paid by other means – Please provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card .

- When did the Cardholder contact the merchant? (mmddyy) _____

What was the outcome of the merchant contact? _____

I was charged for a hotel room, which I cancelled

- Were you advised of a cancellation policy? No _____ Yes _____
- If Yes, what was the policy? _____
- Cancellation number _____ Cancel date (mmddyy) _____
- Copy of phone bill showing you contacted the merchant to cancel.

Service Dispute - Please describe the nature of your dispute and your attempts at resolution on a separate sheet of paper and attach to this form. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

DISPUTES - FAX # 315-483-3126