



**CARDHOLDER DISPUTE**

*Do not use for unauthorized transactions (fraud).*

Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Member Account #: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Credit/Debit Card #: \_\_\_\_\_ Cardholder Daytime Phone #: \_\_\_\_\_  
(16 Digit Card Number)

Email Address: \_\_\_\_\_

*Member signature is not required on this form.*

**LIST ALL 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**

**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: \_\_\_\_\_

**I did not get credit for ATM deposit**  **Cash**  **Check** \$\_\_\_\_\_

**CREDIT AND DEBIT CARD TRANSACTION DISPUTE**

**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? (mm/dd/yy) \_\_\_\_\_

What was the outcome of the merchant contact?

What was the expected delivery date? (mm/dd/yy) \_\_\_\_\_

Pickup date? (mm/dd/yy) \_\_\_\_\_

Did the Cardholder cancel with the merchant?  Yes  No

If yes, when? (mm/dd/yy) \_\_\_\_\_ 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? (mm/dd/yy) \_\_\_\_\_

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?  Yes  No

If Yes, what was the policy? \_\_\_\_\_

Cancellation number: \_\_\_\_\_ Cancel date (mm/dd/yy): \_\_\_\_\_

Attach 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. Submit to Fast Docs 5 and scan to Disputers=> Credit Card Disputes or Debit Card Disputes

***\*\*Submit (Submit Only) Document to Core and create appropriate Opportunity\*\****