



CARDHOLDER DISPUTE FORM

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT.

CREDIT OR DEBIT CARD NUMBER _____

CARDHOLDER NAME _____

CARDHOLDER PHONE # _____ EMAIL ADDRESS _____

DISPUTE AMOUNT \$ _____ POST DATE _____

MERCHANT NAME _____

CARDHOLDER SIGNATURE _____ Date: _____

SELECT TYPE OF DISPUTE (CHECK ONLY ONE)

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 - You **must** attempt to return the merchandise prior to exercising this right. **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? _____

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- Date Returned _____
 - Where you informed of the merchant's return policy? _____
 - What is the merchant's return policy? _____
 - _____
 - 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? _____
 - What was the outcome of the merchant contact? _____
 - _____
 - What was the expected delivery date? _____ Pickup date? _____
 - 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** - You **must** 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? ___/___/___
 - What was the outcome of the merchant contact? _____
 - _____
- I was charged for a hotel room, which I cancelled** - Cancellation number is **required**.
- Were you advised of a cancellation policy? No _____ Yes _____
 - If Yes, what was the policy? _____
 - Cancellation number _____ (**REQUIRED**) Cancel date ___/___/___
 - 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.
- Other** - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

Please complete this form and return it with all supporting documentation to the Card Services Department of the FSU Credit Union. cardservices@fsucu.org