



Date Reported to CU	
Members Account	
Teller Number	
MSR Last Name	
Date Card Closed	

Cardholder Dispute Form

Fraudulent Use of a Debit Card or Credit Card

Cardholder Information

CARDHOLDER NAME	HOME/CELL PHONE ()	WORK PHONE ()
MAILING ADDRESS	STREET	CITY STATE ZIP

E-MAIL ADDRESS:

TYPE OF CARD: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	CARD NUMBER	TYPE OF LOSS: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Card was in my possession at the time the transaction occurred.
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I have examined the charge(s) on my account and question the following transaction(s)

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

☐ I have listed additional disputes on page 3 of this form.

The following explains my card dispute situation. Select (✓) only **one** box to indicate this is either a fraud or non-fraud dispute.

FRAUD DISPUTE – CARDHOLDER IS NOT REQUIRED TO ATTEMPT TO CONTACT MERCHANT

<input type="checkbox"/>	I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. (Your card will be blocked/closed).
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NON-FRAUD DISPUTE – CARDHOLDER IS REQUIRED TO ATTEMPT TO CONTACT THE MERCHANT TO REMEDY DISPUTE

<input type="checkbox"/>	I certify that I participated in the above transaction, but have not received the merchandise/service. Provide details about the merchandise or service you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant in the Additional Details area of this form.
<input type="checkbox"/>	I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on _____ (date) per the merchant's instructions and have not received credit. Merchant cancellation policies may apply. Provide full details in the Additional Details area of this form.
<input type="checkbox"/>	I contacted the merchant on _____ (date) and canceled the monthly recurring transaction. Merchant cancellation policies may apply. Provide full details in the Additional Details area of this form.
<input type="checkbox"/>	I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.

	I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount is _____. Proof of correct amount must be provided.
	The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the Additional Details area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response.
	The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the Additional Details area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.
	I contacted the merchant on _____ (date) and canceled my reservation. (Please provide full details on the additional space provided). <input type="checkbox"/> My cancellation number is: _____ <input type="checkbox"/> I was not given a cancellation number.
	The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant's response).

Attempt to Resolve Information

In dispute cases *except* those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Please describe your attempt to resolve in the following section:

- I have made an attempt to resolve with the merchant (circle one): ☐ YES ☐ NO
- Date of contact:
- Contact method: ☐ TELEPHONE ☐ E-MAIL ☐ IN-PERSON ☐ OTHER - Describe in **Additional Details**
- Merchant's response:
- If no attempt, why not?

Additional Details:

Cardholder Signature:	Date:
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