



# CARDHOLDER DISPUTE FORM

## SECTION I

### CARDHOLDER INFORMATION

Cardholder's Name	Home Phone Number	Work/Cell Phone Number
Email Address:		
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	16 Digit Credit/Debit Card Number	

## SECTION II

### DISPUTE INFORMATION

Merchant Name:	Disputed Amount:	Post Date:
Are you disputing more than one item?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered YES to the previous question, this is number _____ of _____ (ex: 1 or 3). <b>**Only one transaction per form**</b>	
Before disputing a charge, you must make every effort to resolve the issue with the merchant. A copy of the letter, e-mail, or fax that was used to attempt to resolve the dispute is required.		

## SECTION III

### SELECT ONLY ONE OF THE DISPUTE TYPES BELOW

**I was billed twice for a single purchase** – Cardholder certifies that the transaction is valid, but posted more than once. All cards issued are in cardholder's possession.

- Valid Transaction: \$ \_\_\_\_\_ Post Date: \_\_\_\_\_
- Invalid Transaction: \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

**Membership Cancellation** – Please enclose copy of the **letter, email, or fax** used to inform the merchant of the cancellation.

- When did the cardholder contact the merchant? \_\_\_\_\_
- Reason(s) for cancellation? \_\_\_\_\_
- Date of cancellation: \_\_\_\_\_
- Cancellation number: \_\_\_\_\_
- Were you advised of a cancellation policy?  YES  NO
- If YES, what were you told? (If available, include copy of policy) \_\_\_\_\_

**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? \_\_\_\_\_
- Merchant's response: \_\_\_\_\_

**I did not receive the merchandise** – Please contact the merchant, and then notify us of the outcome below.

- When did the Cardholder contact the merchant? \_\_\_\_\_
- What was the outcome of the merchant contact? \_\_\_\_\_
- What was the expected delivery date? \_\_\_\_\_ Pick up date? \_\_\_\_\_
- Did the Cardholder cancel with the merchant?  YES  NO
- If YES, When? \_\_\_\_\_ 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 include 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** attempt to resolve with the merchant first and 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?  YES  NO
- If YES, what was the policy (If available, include copy of policy) \_\_\_\_\_
- Cancellation Number: \_\_\_\_\_ (REQUIRED) Cancel Date: \_\_\_\_\_
- Please include a copy of your phone bill showing that 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 fill out a **DETAILED DESCRIPTION** of the dispute on an attached sheet and also attach any other forms that could serve as supportive documentation. Do not complete this form for unauthorized activity - contact MSDFCU and ask for a Cardholder Fraud Affidavit.

**SECTION IV**

**CARDHOLDER SIGNATURE**

Cardholder's Signature	Date Form Completed
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