

This Cardholder Dispute Form should be completed if you have initiated a credit card or debit card transaction with a merchant and are now disputing the transaction. **The cardholding member must be the person who completes this form.**

*Do not use this form for fraud or unauthorized transactions, or if your card was lost or stolen.*

A *disputed* transaction is a charge from a merchant that you have done business with where the merchandise or services received were not what you paid for, or when additional amounts were charged without your permission.

### Member Instructions

To dispute a Credit or Debit card transaction:

1. **Attempt to contact the merchant.** Prior to disputing charges, you must make every reasonable effort to resolve the dispute with the merchant. If contact has been made with no resolution or there is no means of contact, you must complete this form.
2. **Trial offer merchants often enroll you into other offers or subscriptions when you accept and agree to their terms and conditions.** Merck Sharp & Dohme Federal Credit Union suggests that you contact these merchants to cancel and request a credit. Ask for a supervisor if needed when you contact the merchant.
3. **Transactions must be submitted for dispute within sixty days after we send you the statement due to VISA regulations. Notification after this timeframe will result in a loss suffered by you.**
4. **The Dispute Form must include copies of documentation to support your dispute.** VISA Regulations require documentation to substantiate disputes, therefore detailed information is required. The Credit Union will need the signed form stating the efforts and results of your contact with the merchant, copies of proof of returns, credit slips, cancellation numbers, and date cancelled where applicable. If the appropriate documentation is not supplied, it may result in a processing delay and/or delayed issuance of a provisional credit and/or a loss suffered by you.
5. **Submitting the dispute form.** Once this form is received and we have all of the documentation, we will process the dispute and provide a provisional credit to the account within 5 business days.
  - Dispute forms can be submitted at any of our branch locations
  - Faxed to: 866-785-7834
  - Mailed to: MSDFCU, 335 W Butler Ave, Chalfont, PA 18914
  - Emailed to: [info@msdfcu.org](mailto:info@msdfcu.org) Note: This is not a secure e-mail address. DO NOT include account numbers or sensitive personal identifying information that may result in identity theft.

If you have any questions or need assistance completing this form, please contact us at 215-996-3700.



Cardholder Information			
Cardholder Name	Home Phone Number	Work / Cell Phone Number	
Mailing Street Address	City	State	Zip
Email Address			
Card Number	Type of Card		
	<input type="checkbox"/> Debit <span style="margin-left: 150px;"><input type="checkbox"/> Credit</span>		

Prior to disputing a charge, you must make every reasonable effort to resolve the dispute with the merchant. Documentation to substantiate disputes is required. We cannot process your case until we have received all of the required information and/or documentation.

Transaction Information			
Merchant Name	Dispute Amount	Transaction Date	Transaction 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 of 3) <b>*Only one transaction per form</b>	

Dispute Reason / Elaboration	
Please select the ONE category that that most closely matches your dispute type.	
<input type="checkbox"/>	<p><b>FREE TRIAL OFFER</b> – You must contact the merchant prior to disputing the charge, and you must provide proof of cancellation within the free trial period.</p> <ul style="list-style-type: none"> <li>Item(s) ordered: _____</li> <li>Method of enrollment (mail, phone, or internet): _____</li> <li>Free trial enrollment date (mm/dd/yy) _____ Free trial offer was good through (mm/dd/yy) _____</li> <li>Cancellation date (mm/dd/yy) _____ Cancellation Number _____</li> <li>Merchandise was returned (mm/dd/yy) _____ <b>Please attach proof of return (postal receipt)</b></li> <li>Merchant's response _____</li> </ul>
<input type="checkbox"/>	<p><b>DOUBLE POSTING</b> – Please attempt to contact the merchant prior to disputing the charge. Cardholder certifies that the transaction is valid but posted more than once. All cards issued are in the possession of the cardholder.</p> <ul style="list-style-type: none"> <li>Valid Transaction Amount _____ Valid Transaction Post Date (mm/dd/yy) _____</li> <li>Invalid Transaction Amount _____ Invalid Transaction Post Date (mm/dd/yy) _____</li> </ul>
<input type="checkbox"/>	<p><b>MERCHANDISE WAS NOT RECEIVED</b> – Please attempt to contact the merchant prior to disputing the charge.</p> <ul style="list-style-type: none"> <li>Item(s) ordered: _____</li> <li>Expected delivery date (mm/dd/yy) _____ Date merchant was contacted (mm/dd/yy) _____</li> <li>Merchant's response: _____</li> </ul>

<input type="checkbox"/> <b>MERCHANDISE WAS RETURNED</b> – You must attempt to return the merchandise prior to exercising this right. Please attach signed proof of return, credit slip or postal receipt. <ul style="list-style-type: none"> <li>• Item(s) ordered: _____</li> <li>• Reason for return: _____</li> <li>• Date merchandise was received (mm/dd/yy) _____</li> <li>• Date merchandise was returned (mm/dd/yy) _____</li> <li>• Merchant's response: _____</li> </ul>
<input type="checkbox"/> <b>OVERCHARGED FOR A PURCHASE</b> – Copy of signed sales receipt is required. <ul style="list-style-type: none"> <li>• Valid Transaction Amount _____ Post Date (mm/dd/yy) _____</li> </ul>
<input type="checkbox"/> <b>CREDIT POSTED AS A SALE</b> – Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.
<input type="checkbox"/> <b>CREDIT DID NOT POST TO MY ACCOUNT</b> – Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.
<input type="checkbox"/> <b>PAID BY OTHER MEANS</b> – 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. <ul style="list-style-type: none"> <li>• Date merchant was notified (mm/dd/yy) _____</li> <li>• Merchant's response: _____</li> </ul>
<input type="checkbox"/> <b>CHARGED FOR A HOTEL ROOM, WHICH WAS CANCELLED</b> – Proof of cancellation and cancellation number is required. <ul style="list-style-type: none"> <li>• Were you advised of a cancellation policy?      <input type="checkbox"/> Yes                      <input type="checkbox"/> No</li> <li>• If YES, what were you told? (Provide copy of policy if available) _____ _____</li> <li>• Cancellation date (mm/dd/yy) _____ Cancellation Number _____</li> </ul>
<input type="checkbox"/> <b>SERVICE DISPUTE</b> – 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.
<input type="checkbox"/> <b>OTHER</b> – 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. <b>Do not complete this form for unauthorized activity</b> - contact MSDFCU and ask for a Cardholder Fraud Affidavit.

Please provide further claim details (if necessary) on a separate sheet

Cardholder Agreement and Signature	
<p>I understand Merck Sharp &amp; Dohme Federal Credit Union will begin their investigation and may place a temporary (provisional) credit into the account mentioned above within 5 business days of receiving this form and all required information. I understand that I can expect to receive requests for additional information from the Credit Union and/or their disputes department (Cardholder Services) and must adhere to the specified timeframes. I understand that failure to provide all documents/information requested could result in a loss suffered by me (the credit will be reversed, and the claim will be closed).</p>	
Member Signature	Date