



Card Dispute Form

This form must be completed and signed by the affected person.

Please provide the required information and any documentation that may be helpful in resolving this dispute. Incomplete information may result in your claim being initially denied. Note: Regulations require that you notify us in writing within 60 days from the transaction date of the disputed charge. Any response received after this time frame may result in our inability to assist with your dispute.

Cardholder Information (please print)		
Cardholder Name	Member Number	Last 6 of Card Number
Name of Merchant in Dispute	What was Purchased:	Card Type (Circle One) Debit or Credit
Transaction Date	Dollar Amount	Card in Possession at Time of Transaction? Circle One: Yes or No If no, was card lost or stolen? _____

REQUIRED: Please answer the following three questions:

1. Did you voluntarily give your card number to this merchant over the phone, website, email, or written form? **Yes or No**

2. Did you provide your card number to sign up for a “free trial”, sample product, pay shipping only, or another similar charge? **Yes or No**

3. Did you give or loan your debit card to anyone who made this purchase? **Yes or No**

If you answered “NO” to all three questions please complete this section: (If more than 1 transaction go to page 3)

_____ Unauthorized (Fraudulent) Transaction:

By selecting this option, I certify that the disputed transaction(s) was not initiated or authorized by me, or any person authorized by me. I also certify that I have not received any of the proceeds or benefits of any of the transaction.

I understand that any card used to complete unauthorized transactions must be closed to pursue this type of claim. If your card had not been previously closed, it will be closed immediately upon receipt of this form and a new card will be issued to you.

I declare under penalty that the information I have provided herein is true and correct, and I will testify, declare, depose, or certify to the truth hereof before any competent tribunal, officer, or person in any case now or hereafter pending in connection with the matters contained within this declaration.

Signature of Cardholder: _____ Date: _____

Phone number: _____ Email: _____

If you answered "Yes" to any of the three questions, please complete this section

I did authorize the sale, HOWEVER:

	Incorrect Amount: I was billed \$ _____, but the correct amount is \$ _____. (REQUIRED: Include the sales slip and/or packing invoice for mail order)
	Credit not Received: I received a credit slip from the merchant and the credit has not appeared on my statement (REQUIRED: Include the credit slip)
	Paid by other means: My account was debited, even though I paid using another method of payment at the time of the purchase. (REQUIRED: Include copy of the cash receipt, the front and back of the cancelled check, or the credit card receipt/ statement.
	Merchandise not received: The expected delivery date was _____. (REQUIRED: Include a copy of the invoice/purchase order and any documentation that shows the expected time frame for delivery/shipment.)
	Expected Serviced not received: (REQUIRED: Include a detailed letter of explanation.)
	Defective Merchandise: Item(s) were returned on _____. (REQUIRED: Proof of return such as an invoice and shipping papers on a certified mail receipt, along with an explanation of defect.)
	Attempted to Cancel: I attempted to cancel this purchase with the merchant on _____. (REQUIRED: Include a detailed letter of explanation explaining the merchant's reply. Also include details of any correspondence between yourself and the merchant.)
	Canceled Hotel Reservation: Cancellation # _____ Date of Cancellation _____
	Only One Sale was Authorized: The amount in question is a duplicate sale which was charged on _____.

To prevent potential future transactions from this merchant, I wish to close my card:

Yes or No

If you selected "Yes", your card will be closed immediately upon receipt of this form and a new card will be issues to you, and a \$5.00 fee will be charged to your account.

I've attempted to make a good faith effort to resolve this dispute with the merchant:

Yes or No

What was their response? Please be as detailed as possible. Include an extra page if more space is needed.

I declare under penalty that the information I have provided herein is true and correct, and I will testify, declare, depose, or certify to the truth hereof before any competent tribunal, officer, or person in any case now or hereafter pending in connection with the matters contained within this declaration.

Signature of Cardholder: _____ Date: _____

Phone number: _____ Email: _____

Transaction Information:

	Transaction Date	Merchant Name	Amount:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Extra Page:

This page if to be filled out for multiple transactions.