

Cardholder Dispute Form**UNAUTHORIZED / DISPUTED ELECTRONIC FUNDS TRANSACTIONS DECLARATION**

Name _____ Daytime Phone Number _____

VISA Card Number (**Last four digits only**): _____

Transaction Date _____ Merchant Name _____

Transaction Amount \$ _____ Dispute Amount \$ _____

For additional transaction disputes, please fill out **FORM B** and attach.**I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION SUPPLIED ON THIS DISPUTE FORM IS TRUE AND CORRECT.**

Cardholder/Account Owner Signature _____ Date _____

Cardholder/Account Owner Signature _____ Date _____

Please check the appropriate box below that matches your dispute type the closest. Your signature above is required. Return this form and any supporting documents within 10 days so that your dispute can be processed in a timely manner. Please answer all appropriate questions below. **The required fields per dispute type are marked with an asterisk (*).** Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.

☐ **Transaction not recognized by cardholder**

Additional Information is required from merchant to identify the transaction. Not to be used if transaction is confirmed fraudulent.

☐ **Cancellation dispute:**Were you advised of any cancellation policy? ☐ Yes ☐ No (if yes, explain below)

*Date of Cancellation: _____ Spoke with: _____

Cancellation number: _____ Reason: _____

☐ **I cancelled this recurring transaction with the merchant on (Date): _____ How _____**

*Describe your attempt to resolve with the merchant: _____

☐ **Returned Merchandise Dispute:**

*Date Returned: _____ Date Received by Merchant: _____

If mailed, Return Merchandise Authorization Number (RMA): _____

*Shipping Company: _____ Tracking Number: _____

*Reason for return: _____

If you have a Credit Slip/Voucher or a Refund Acknowledgement that has not been posted, please provide:

Date of Credit Slip: _____ Invoice/Receipt Number of the Credit: _____

*Describe your attempt to resolve with the merchant: _____

Did the merchant refuse to accept returned merchandise or provide a return authorization?

Check one:

- ☐ Merchant refused to provide return authorization
- ☐ Merchant refused to accept returned merchandise
- ☐ Merchant informed cardholder not to return the merchandise

*Describe your attempt to resolve with the merchant:

☐ **I paid for these goods or services by other means:**

☐ Check ☐ Cash ☐ Other Bank Card ☐ Other

*Describe your attempt to resolve with the merchant:

*Note: If selecting this dispute reason, you **must** supply a copy of proof of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.*

☐ **Non-receipt of goods or services:**

Select One: ☐ Merchandise not received ☐ Service not Received

Describe in detail what service or merchandise was ordered:

☐ *I expected delivery/services on (date):

☐ *Merchant unwilling or unable to provide service. ☐ Yes ☐ No (if yes, explain)

*Describe your attempt to resolve with the merchant:

* Merchant Response:

* If no merchant response, explain:

☐ **A credit transaction posted as a debit in error:**

A credit for \$ _____ was posted to my account as a debit.

You must supply a copy of the credit receipt received from the merchant.

*The amount of this transaction posted for \$ _____ should have posted for \$ _____

*Describe your attempt to resolve with the merchant:

☐ **Quality of services or goods, defective merchandise or not as described:**

Select One: ☐ Merchandise was defective or not as described ☐ service was defective or not as described

*Describe the different between what was ordered and what was received or provide a copy of the written purchase order. What was defective or why was the purchase unsuitable for your needs?:

*Date cardholder received merch. or service:

*Date merchandise returned: _____ Date received by merchant: _____

If mailed, Return Merchandise Authorization Number: _____

*Shipping Company: _____ Tracking Number: _____

If you have a Credit Slip/Voucher or a Refund Acknowledgement that has not been posted, please provide:

*Date services cancelled: _____ How? _____

Did the merchant refuse to accept returned merchandise or provide a return authorization?

Check one:

- ☐ Merchant refused to provide return authorization
- ☐ Merchant refused to accept return merchandise
- ☐ Merchant informed cardholder not to return the merchandise

*Describe your attempt to resolve with the merchant

☐ **I was charged two or more times for the same transaction:**

Date of First Charge: _____ Date of Second Charge: _____

Date of Third Charge: _____ Date of Fourth Charge: _____

*Describe your attempt to resolve with the merchant: _____

☐ **I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it:**

Transaction reference number: _____

- ☐ I made a single attempt and did not receive cash.
- ☐ I made multiple attempts and only received cash on one of those attempts.
- ☐ Other _____

Cardholder participated in the transaction, but did not receive the funds or did not receive the correct amount of funds. (Dispute amount limited to the amounts of funds not received)

☐ **Shared Deposit, performed but not processed, or processed incorrectly:**

Transaction reference number: _____ Date of Transaction: _____

☐ Did not receive funds

I made a single attempt to load \$ _____ and did not receive the funds.

☐ Did not receive correct amount of funds.

I made a single attempt to load \$ _____ and received a partial amount of \$ _____

☐ **Shared Deposit, no document received for deposit return item:**

Issuer did not receive returned item documentation within 10 calendar days of returned item Adjustment transaction date.

Transaction reference number: _____ Date of Transaction: _____

☐ **Shared Deposit, Invalid Adjustment**

A Shared Deposit Adjustment is disputed by the Cardholder or Issuer.
Please provide details for the check box below:

- ☐ Adjustment contains invalid data such as:
- Incorrect account number
 - Non-matching account number
- ☐ Cardholder disputes validity of Adjustment due to the amount of the Adjustment, or original Transaction was cancelled and reversed
- ☐ Adjustment processed beyond 45 days from Transaction Date
- ☐ Adjustment processed more than once

Additional Information: Please use an additional sheet of paper, if necessary.

*(asterisk) Denotes required information for the dispute

Only completed and signed forms will be processed. Signatures must be by the member whose card was involved with the dispute. Upon completion of this form, please send it to us by one of the following options:

Email To: **risk@themembersgroup.com**

Fax To: **(515)457-2074** OR

Mail To: **Visa Disputes
PO Box 10452
Des Moines, IA 50306**



This credit union is federally insured by
the National Credit Union Administration