



Cardholder Statement of Dispute and Affidavit of Facts

Please complete this form in its entirety and provide all supporting documentation to help facilitate the processing of your claim. Only the person whose name is on the card should complete this form. Failure to complete and answer each section clearly could result in a delay in resolving your dispute(s). **We must be notified of any transaction in dispute within sixty (60) calendar days from the date when the transaction first occurred.**

I. CARDHOLDER INFORMATION:

Cardholder Name (As it appears on the Debit Card)	Debit Card Number

II. CARDHOLDER STATEMENT OF DISPUTE:

III. DISPUTE TRANSACTION DETAILS:

TRANSACTION DATE	TRANSACTION AMOUNT	MERCHANT NAME

Dispute Total (Sum of all Transactions in Dispute): \$ _____

IV. REASON FOR DISPUTE (AFFIDAVIT OF FACTS):

Please carefully read each of the following descriptions and check the most appropriate dispute type that corresponds to your specific type of dispute. Please be sure to include all supporting documentation which will help facilitate the processing of your dispute.

I am disputing the transaction(s) listed in **Section III.** for the following Reason (check only one reason):

NOT AUTHORIZED - UNKNOWN. Cardholder did not Authorize, Participate and/or is unaware of the transaction(s).

(Check only One:)

I have not, nor has anyone authorized, participated, benefited, or otherwise engaged this transaction(s) and my card has not been out of my possession

My Card was lost on (date): _____

My Card was Stolen on (date): _____

Was Law enforcement Notified? YES NO

If yes,

Agency Name: _____

Case Number: _____

Agency Telephone: _____

PROCESSING ERRORS *(Check only one):*

The amount billed is incorrect.

Correct transaction Amt: \$ _____

Amount Charged in Error: \$ _____

➤ ***Please include a Copy of the Sales Receipt/Invoice.***

The transaction in dispute and listed in **Section III** was previously paid by other means. The Transaction was paid on (date): _____ by one on or more of the following ways:

Cash

Check (Number: _____, Date Cleared: _____)

Other Credit or Debit Card (Issuer: _____)

Other Method (Please Describe): _____

I have not received a credit to my account for the transaction listed in **Section III.**

➤ ***Please include a copy of the credit receipt that was issued.***

The charge listed in **Section III** was a single transaction but posted _____ times to my account.

Date of first Charge: _____

Date of additional Charges: _____

SERVICE AND MERCHANDISE (NOT AS DESCRIBED, NOT RECEIVED OR DEFECTIVE OR UNSUITABLE). The Merchandise and/or Services provided were not as described or were never received, defective or damaged and/or unsuitable for the purpose sold:

(Check only One:)

**Not as Described
Never Received
Damaged, Defective or Unsuitable**

Service or Merchandise type: _____

Date Service/Merchandise was (or expected to be) Received: _____

Service or Merchandise Details - What was ordered? *(i.e., service/item details, color, size):*

For SERVICE Disputes Only:

I requested a refund on (date): _____

Refunded was expected on (date): _____

For MERCHANDISE Disputes Only:

The Merchandise was expected on (date): _____ but was never delivered/received.

The merchandise was received but was damaged, defective, or unsuitable and I Returned (or attempted to return) the damaged/defective/unsuitable merchandise on (date): _____

Method of Return *(i.e., FedEx, UPS, U.S. Mail):* _____

Tracking Number: _____

What was wrong with the Merchandise; how was it damaged or why was it defective and/or unsuitable ***(Required if selected)***?

Refunded was expected on (date): _____

AUTOMATED TELLER MACHINE DISPENSER ERRORS (The ATM Receipt is Required):

I attempted to withdraw cash from an Automated Teller Machine (ATM) but did not receive any cash or the amount dispensed was incorrect.

Date of ATM withdrawal: _____

Amount Requested: _____

Amount Dispensed (Received): _____

ATM Operator Name: _____

TRAVEL AND ENTERTAINMENT (Check only one):

❖ **Please Note:** Cardholder must supply the merchant's cancellation/refund policy)

I am disputing a guaranteed reservation service and no-show charge. My reservation was for (date): _____. The cancellation confirmation number provided is _____ and was cancelled on (date): _____.

I am disputing the above vehicle rental charges for \$ _____. I returned the vehicle on (date): _____.

V. ATTEMPT TO RESOLVE WITH MERCHANT:

I made attempt(s) to resolve the dispute with (merchant) _____ on the following date(s): _____ and spoke with _____.

The merchant's response to my attempt was:

VI. CARD HOLDER AFFIDAVIT & AUTHORIZATION

Please review this statement of dispute and Affidavit of Facts for accuracy and to ensure that all supporting documentation has been included (attached). While we process your claim, it is important that you remain in contact with us as, if necessary, we may request that you provide us with additional documentation to help facilitate the processing of your claim. If we do not receive documentation as requested to aid in the processing of your claim in a timely manner, your Dispute may be denied.

While we will make every effort to complete the processing of your Claim within ten (10) business days, the dispute process, however, may take up to forty-five (45) days and, in some instances, up to ninety (90) days. Once we have completed our investigation, we will notify you in writing of the final disposition of your claim.

Please be advised: Completing this Statement of Dispute does not guarantee a refund of the transaction(s) amount(s) in dispute. While we will make every attempt to assist you, we cannot guarantee a favorable outcome for all disputed transactions.

By submitting this Statement of Dispute, I attest that the information provided is true and accurate. I give my consent to the Credit Union to release any information regarding my card and/or card account to any law enforcement official as prudent and necessary to investigate all circumstances concerning the transaction(s) in Dispute.

Cardholder Signature: _____ **Date:** _____