

CARDHOLDER DISPUTE FORM

Credit/Debit Account # _____ Cardholder Name _____
(16 Digit Card Number)

Cardholder Phone # _____ Disputed Amount \$ _____ Post Date _____

Merchant Name _____ Disputing more than one item? Yes ___ No ___

If Yes, then this is number ___ of ___ (e.g. 1 of 3) **ONLY ONE TRANSACTION PER FORM**

Email Address _____

SIGNATURE REQUIRED _____

**BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO
RESOLVE THE DISPUTE WITH THE MERCHANT.**

Select Type of Dispute (Check ONLY one)

Did not recognize – Please attempt to contact the merchant prior to disputing the charge.

- When did the Cardholder contact the Merchant? (mm/dd/yy) ____/____/____
- What was the outcome of the merchant contact? _____

I was billed twice for a single purchase – Cardholder certifies one transaction is valid, but posted more than once. **All cards issued to me are in my possession**

- Valid Transaction \$ _____ Post date _____
- Invalid Transaction \$ _____ Post date _____

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

- When did the cardholder contact the merchant? _____
- Reason for cancellation? _____
- Date of cancellation _____ Cancellation # _____
- Were you advised of a cancellation policy? Yes _____ No _____
If Yes, what were you told? _____

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 notify us of the outcome.
- When did the Cardholder contact the merchant? ____/____/____
 - What was the outcome of the merchant contact? _____

 - What was the expected delivery date? ____/____/____ Pickup date? ____/____/____
 - Did the Cardholder cancel with the merchant? No ____ Yes ____
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 attach 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** 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? No ____ Yes ____
 - If Yes, what was the policy? _____
 - Cancellation number _____ (**REQUIRED**) Cancel date ____/____/____
 - Copy of phone bill showing 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.
- I did not authorize this charge** - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen. If you have not, please call **1-800-449-7728** before sending in this form
- If this was for a hotel room, did you request a reservation? No ____ Yes ____
If Yes, this is **not** an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.
- Other** - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

Congressional FCU Card Services - FAX # (703)934-8307