



CARDHOLDER DISPUTE FORM

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

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

Merchant Name _____

SIGNATURE REQUIRED _____

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

Select Type of Dispute (Check ONLY one)

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? _____

- Date Returned _____
- Where you informed of the merchant's return policy? _____
- What is the merchant's return policy? _____
- _____
- 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? _____
- 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.

Other - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

Please complete this form and return it with all supporting documentation to the Card Services Department of the FSU Credit Union. Fax: 850.309.8806 Phone: 850.224.4960