



## 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