

# Debit/Credit Card Dispute Form

(Only One Transaction per Line)

Debit/Credit Card # \_\_\_\_\_ Date \_\_\_\_\_  
Member Name \_\_\_\_\_ Member # \_\_\_\_\_  
Member Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Prior to disputing charge(s), you must make every effort to resolve the dispute with the merchant.**

Merchant Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Post Date \_\_\_\_\_

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Merchant Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Post Date \_\_\_\_\_

## Select Type of Dispute (Check ONLY one)

**Fraud** – I have not authorized or participated in this transaction(s).  
My Card was:  Stolen  Lost  Never Received  Still in my possession

**Do not recognize** - Please attempt to contact the merchant prior to disputing the charge.  
Merchant was contacted on (mm/dd/yy) \_\_\_\_\_  
What was the outcome from contacting the merchant?  
\_\_\_\_\_

**Free Trial Offer** - You **must** contact the merchant prior to disputing the charge, and you **must** provide proof of cancellation within the free trial period.

Item(s) ordered \_\_\_\_\_

Method of enrollment (Mail, Phone or Internet)  
\_\_\_\_\_

Free trial enrollment date (mm/dd/yy) \_\_\_\_\_

Free trial offer was good through (mm/dd/yy) \_\_\_\_\_

Cancellation date (mm/dd/yy) \_\_\_\_\_ Cancellation # \_\_\_\_\_

Merchandise was returned (mm/dd/yy) \_\_\_\_\_ **Please attach proof of return (postal receipt)**

Merchant's response \_\_\_\_\_

**Membership Cancellation** - Please provide a copy of **letter, email** or **fax** notifying the merchant of cancellation.

Merchant was notified on (mm/dd/yy) \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

Cancellation date (mm/dd/yy) \_\_\_\_\_ Cancellation # \_\_\_\_\_

Were you advised of a cancellation policy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were you told? \_\_\_\_\_

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**Double Posting** - Please attempt to contact the merchant prior to disputing the charge. Only one transaction is valid but posted more than once. **All cards issued to me are in my possession.**

Valid transaction amount \$ \_\_\_\_\_ Post date (mm/dd/yy) \_\_\_\_\_

Invalid transaction amount \$ \_\_\_\_\_ Post date (mm/dd/yy) \_\_\_\_\_

**Merchandise was returned** - You **must** attempt to return the merchandise prior to exercising this right. **Please attach signed proof of return, credit slip or postal receipt.**

Item(s) ordered \_\_\_\_\_

Reason for return \_\_\_\_\_

Merchandise was received (mm/dd/yy) \_\_\_\_\_ Merchandise was returned (mm/dd/yy) \_\_\_\_\_

Merchant's comment \_\_\_\_\_

**Merchandise not received** - Please attempt to contact the merchant prior to disputing the charge.

Item(s) ordered \_\_\_\_\_

Expected delivery date (mm/dd/yy) \_\_\_\_\_ Contacted merchant (mm/dd/yy) \_\_\_\_\_

Merchant's response \_\_\_\_\_

**I was overcharged for the purchase** - Please include a copy of the signed sales receipt.

Valid transaction amount \$ \_\_\_\_\_ Post date (mm/dd/yy) \_\_\_\_\_

**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.

**ATM Withdrawal Incorrect.** Amount Requested \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

**Paid by another method** - You **must** provide proof of different payment method.

Merchant was notified on (mm/dd/yy) \_\_\_\_\_

Merchant's response \_\_\_\_\_

**Other** - Please include a **detailed** description of your dispute, and the steps taken to resolve it with the merchant on a **separate sheet** and **attach** it to this form.

# Debit/Credit Card Dispute Form

I understand IBEW and United Workers Federal Credit Union may place a temporary credit in the account mentioned above; however, if I do not provide all documents/information requested by IBEW and United Workers Federal Credit Union, or their affiliated processors including a notarized affidavit (if required), the credit will be reversed.

Member's Initials  (Required)
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Member's Signature (required)

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Date \_\_\_\_\_

