



200 North 16th Street
P.O. Box 7480
Philadelphia, PA 19101-7480

toll-free 800.806.9465
locally 215. 569.3700
fax 800.705.9069
www.sb1fcu.org
mail@sb1fcu.org
www.sb1fcu.org

Cardholder Dispute Form Transactions (6061)

Name: _____ Phone Number (required): _____

Card number: _____

Transaction date: _____ Merchant name: _____

Transaction amount: \$ _____ Dispute amount: \$ _____

Cardholder signature (required)

Date

Please check the appropriate box below that matches your dispute type the closest. Your signature above is required.

Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions below. **The required fields per dispute type are marked with an asterisk (*).** Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above. **This form must be received within 60 days of the posting date of the disputed transaction.**

Cancellation dispute

Were you advised of any cancellation policy? yes no (if yes, explain below)

* Date of cancellation: _____ Spoke with: _____

* Cancellation number: _____

* Reason for cancellation: _____

I canceled this recurring transaction with the merchant on (date): _____ how _____

* Describe your attempt to resolve with the merchant: _____

Returned merchandise dispute

* Date returned: _____ Date received by merchant: _____

• If mailed, Return Merchandise Authorization Number (RMA): _____

* Shipping Company: _____ Tracking number: _____

* Reason for return: _____

• If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

* Date of credit slip: _____ Invoice/receipt number of the credit: _____

* Describe your attempt to resolve with the merchant: _____

I was charged two or more times for the same transaction

Date of first charge: _____ Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

* Describe your attempt to resolve with the merchant: _____

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it

Transaction reference number: _____

- I made a single attempt and did not receive cash
 I made multiple attempts and only received cash on one of those attempts
 Other: _____

I paid for these goods or services by other means

check cash other Bank Card Other: _____

* Describe your attempt to resolve with the merchant: _____

Note: if selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

Non-receipt of goods or services

Tickets / merchandise not received. I expected delivery/services on (date): _____

Merchant unwilling or unable to provide service

Have you attempted to resolve the issue with the merchant?

* Yes, spoke with: _____ * Date: _____

* Response: _____

*No, reason: _____

A credit transaction posted as a debit in error

* A credit for \$_____ was posted to my account as a debit.

- You must supply a copy of the credit receipt received from the merchant.

* Describe your attempt to resolve with the merchant: _____

Incorrect transaction amount

* The amount of this transaction posted for \$_____ but should have posted for \$_____

- You must supply a copy of your receipt showing the correct amount.

* Describe your attempt to resolve with the merchant: _____

Quality of services or goods dispute

Note: if selecting this dispute reason, you may be required supply a letter, on company letter head, from a second expert that describes the lack of quality or service.

* Describe the difference between what was ordered and what was received. What was defective or why the purchase is unsuitable for your needs. _____

* Date returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Auth. #: _____

* Shipping Company: _____ Tracking number: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

* Date of credit: _____ Invoice/receipt number of the credit: _____

* Describe your attempt to resolve with the merchant: _____

Fraud

card in my possession card lost card stolen

I certify that the charges listed below were not authorized by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received any goods or services represented by these charges.

My card has been blocked Lost or Stolen, and I will be completing an affidavit of fraud.

A notarized cardholder dispute form is required for all fraudulent charge disputes. This form will be mailed to you at a later date. The original document must be returned within 10 days.

	Merchant Name	Transaction Amount	Transaction Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please use the space below to provide as much detail as possible to explain how the card was compromised or how you believe it may have been compromised. All Stolen Cards will require a police report to be filed. Add additional pages as needed to describe any good faith attempt to contact any merchants involved.

16 Digit Credit or Debit Card Number: _____

Member Name: _____ Member Number: _____

Signature: (required) _____

Daytime Phone Number: (required) _____

Police Dept. _____ **Phone Number** _____

Report Number _____ **Officer** _____