

CARDHOLDER DISPUTE FORM

Cardholder Name _____

Card Number _____

Transaction Date _____ Merchant Name _____

Transaction Amount \$ _____ Dispute Amount \$ _____

Cardholder Signature

Date

Please check the appropriate box below that matches your dispute type the closest.

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.

CARD RULES GOVERNING THESE DISPUTES REQUIRE THAT YOU ATTEMPT TO RESOLVE YOUR DISPUTE WITH THE MERCHANT BEFORE COMPLETING THIS FORM. YOU MUST INCLUDE THE EVIDENCE OF YOUR ATTEMPT AND A DETAILED ACCOUNT OF THE SITUATION AS TO WHY THE MERCHANT WAS UNWILLING OR UNABLE TO RESOLVE THE ISSUE.

Cancellation dispute

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

* Date of cancellation: _____ Spoke with: _____

* Cancellation number: _____ * Is this a recurring transaction: yes no

* Reason for cancellation: _____

* Description of merchandise or service: _____

* Expected date of receipt of merchandise or service: _____

* Was a credit voucher, voided transaction receipt or refund acknowledgment given? yes no If yes, please provide a copy of the credit voucher which includes: Date of credit voucher, voided Transaction receipt or refund acknowledgment.

***Describe your attempt to resolve with the merchant:**

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

* What was the merchant's response? _____

Returned merchandise dispute

*Description of merchandise: _____

*Date returned: _____ *Method of return: _____ 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: _____

Returned merchandise dispute (continued...)

*** Did the merchant refuse to accept returned merchandise or provide a return authorization?**

***Select One:**

- Merchant refused to provide return authorization
- Merchant refused to accept returned merchandise
- Merchant informed you not to return the merchandise

***Describe your attempt to resolve with the merchant:**

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

* What was the merchant's response? _____

I was charged two or more times for the same transaction

Date & amount of first/valid charge: _____

Date & amount of second charge: _____

Date & amount of third charge: _____

Date & amount of fourth charge: _____

***Describe your attempt to resolve with the merchant:**

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

* What was the merchant's response? _____

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

Transaction reference number: _____ (as applicable) Date: _____

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on the 2nd 3rd 4th 5th attempt.

Other: _____

I made a deposit but my account was not credited

Transaction reference number: _____ (as applicable) Deposit date: _____

* I made a deposit using Cash Check Disputed amount \$ _____

If check: Payee name _____

I paid for these goods or services by other means

Check Cash Other Bank Card Other: _____

***Describe your attempt to resolve with the merchant:**

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

I paid for these goods or services by other means (continued...)

* What was the merchant's response? _____

*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 Service not received

*Describe in detail what service or merchandise was ordered: _____

* I expected delivery/services on (date): _____ Expected time at: _____

* Merchant unwilling or unable to provide service: yes no (if yes, explain) _____

* Did you cancel the merchandise/service prior to delivery date? yes no (if yes, explain) _____

* Is this pre-paid merchandise/service where the balance was not paid and the merchant can provide the goods or service? yes no

* Was the merchandise delivered late or to the wrong location? yes no

If yes, provide date and location where the merchandise was delivered _____

Did the cardholder return the merchandise? yes no If yes, date returned: _____ Return Method: _____

Did the merchant provide return instructions? yes no If yes, what were the instructions? _____

***Describe your attempt to resolve with the merchant:**

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

* What was the merchant's response? _____

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:

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

* What was the merchant's response? _____

Incorrect Transaction Amount

* The amount of this transaction posted for \$ _____ but should have posted for \$ _____ (cannot be \$0.00)

- If available, please supply a copy of your receipt.

* Is this a no-show transaction or pre-payment transaction and balance not paid? yes no

***Describe your attempt to resolve with the merchant:**

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

* What was the merchant's response? _____

Quality of services or goods, defective merchandise or not as described

* Description of merchandise/service purchased _____

* Describe in detail the difference of what was ordered, what was defective or why it is unsuitable for your needs from the merchandise/service received _____

* Date I received merchandise or service _____

* Date merchandise 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 with dispute.

***Did the merchant refuse to accept returned merchandise or provide a return authorization?**

***Select One:**

- Merchant refused to provide return authorization
- Merchant refused to accept returned merchandise
- Merchant informed you not to return the merchandise

For service dispute:

* Date services cancelled: _____ How was service canceled? _____

* Did the cardholder pay to have the work redone? _____

***Describe your attempt to resolve with the merchant:**

* Date of most recent contact: _____ Spoke with: _____

* Contact method: _____

* What was the merchant's response? _____

Counterfeit Merchandise

* Description of merchandise purchased _____

* Describe how the item was identified as counterfeit _____

* Current location of merchandise _____

* Was the cardholder advised by an authorized party that the merchandise was counterfeit? yes no

* Date the cardholder received the merchandise or received notification that the merchandise was counterfeit _____

* Provide information about the entity that indicated the merchandise to be counterfeit _____

Additional information: Please use an additional sheet of paper, if necessary _____

* (asterisk) Denotes required information for the dispute



Visa Check Card/ATM Dispute Form

In order to more promptly resolve this dispute, please provide Telco with any receipts or other documentation related to the transaction that you might have in your possession.

(Please sign and date this form after completion of your statement)

NO CHARGES CAN BE DISPUTED WITHOUT THIS SIGNED STATEMENT

Account #: _____ Phone #: _____

Signature

Date

Austin Telco FCU Use Only

Branch: _____ Teller: _____