

CARDHOLDER DISPUTE INQUIRY FORM

Credit/Debit Account # _____
(16 Digit Card Number)
Credit Union account# _____
Cardholder Name _____
Cardholder Address: _____
Street City State Zip
Cardholder Home Phone # (____) _____ Work # (____) _____
Cell # (____) _____ Email Address _____

Directions for Completion

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

PLEASE CHECK THE APPLICATION BOX AND COMPLETE THE INFORMATION. PLEASE ENCLOSE ON THE REVERSE SIDE DETAILS ABOUT THE TRANSACTION(S) BEING DISPUTED. A SIGNATURE IS REQUIRED. RETURN THIS FORM ALONG WITH ANY REQUESTED DOCUMENTS. DISPUTE PROCESS CAN TAKE 0-100 DAYS TO COMPLETE. IF FORM IS INCOMPLETE, IT WILL BE RETURNED FOR PROPER COMPLETION. MAIL COMPLETED FORM TO P.O. BOX 24901 EL PASO, TX 79914-9001.

- ☐ **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 Number** _____
 - Were you advised of a cancellation Policy? **YES or 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? _____
 - Reason for returning _____
 - Was the merchandise suitable for the purpose intended? _____
 - 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? ____/____/____
 - Did the Cardholder cancel with the merchant? **YES or NO**
 - If **YES**, when? ____/____/____ How? _____
 - 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 include a copy of the signed sales receipt.
- ☐ **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? **YES or NO**
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 to resolve 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.
- ☐ **I did not Authorize this Charge** - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your Card Number **lost or stolen**. If you have not, please call **1-800-449-7728** before sending in this form.
- If this was for a hotel room, did you request a reservation? **YES on NO**
If **YES**, this is **not** an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.
- ☐ **Other** – Please enclose a **DETAILED** description. (**A separate sheet of paper may be used**)

Statement Date: ____/____/____ Item(s) Amount: _____

Merchant Name: _____
(As it appears on your statement)

Signature: _____ Date: ____/____/____

For internal use only:

Branch # _____ Credit Union (S) type _____ Helpdesk Number: _____
MSR/TSR (Initials) _____ (Operator Number) _____ Revised at Credit Union 2009/1/15