



# CREDIT/DEBIT CARD DISPUTE FORM

Please read, complete, and sign this form if you wish to dispute a credit or debit card charge from a merchant that has posted to your account. Review the descriptions below and mark the one that is most relevant to your situation. All disputes must be received within 60 days of charge in question posting to your account. Ensure all supporting documentation is included with your response, as this will enable us to begin the process of resolving the dispute with the merchant more quickly. **Do not use this form for disputes regarding finance charges or fees. Contact us at 800-247-5626 for concerns with finance charges or fees.**

**Part 1: You must complete each item in this section in order for your claim to be processed.**

Cardholder Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_

**I have verified the charges made to my account and I dispute the following item:**

Merchant Name: \_\_\_\_\_ Ref. Number: \_\_\_\_\_

Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Dollar Amount: \$ \_\_\_\_\_

**Part 2: Please select ONE category that best describes your dispute.** An attempt to resolve the dispute with the merchant must be made first before we can take action on your claim.

The above ATM transaction is incorrect or I did not receive the cash.

Amount requested \$ \_\_\_\_\_ . Amount received \$ \_\_\_\_\_ .

I used another form of payment (cash, check, other credit/debit card) for this transaction.

**Please provide a copy of your proof of alternate payment.**

I was billed the wrong amount. I should have been billed \$ \_\_\_\_\_ , but was billed \$ \_\_\_\_\_ .

**Please provide a copy of your receipt.**

I received a credit on the above transaction, but the credit was not applied to my account. **Please ensure that 30 days have passed from the date of the credit slip prior to submitting a dispute, and supply a copy of the credit slip.**

My account was charged twice for the same transaction. The charge is a duplicate of the transaction posted on \_\_\_\_\_ (date).

I did authorize the transaction, but have not received the merchandise or service. **You must contact the merchant and advise that no merchandise or services were received. Please explain in Part 4 the details regarding the merchant's response. Be specific with the type of merchandise or services that was to be received.**

- Expected service/delivery: \_\_\_\_\_
- Last date attempted to resolve: \_\_\_\_\_
- How was the merchant contacted (phone, email, etc): \_\_\_\_\_
- Resolution with merchant: \_\_\_\_\_
- What should have been received: \_\_\_\_\_

I did authorize the transaction, attempted to cancel with the merchant but was still charged.

- Date of Cancellation: \_\_\_\_\_
- Last date attempted to resolve: \_\_\_\_\_
- Cancellation Number: \_\_\_\_\_

**Please supply a copy of your contract, and/or proof of cancellation, i.e. cancellation number.**

**You must contact the merchant in an attempt to resolve the issue. Please explain in Part 4, the details of the merchant's response and type of merchandise/service.**

I did authorize the transaction, but the merchandise or services received were defective, damaged or not as described (according to the written or verbal descriptions). I have returned or made an attempt to return the merchandise for credit.

- Last date attempted to resolve: \_\_\_\_\_
- Name of person attempted to resolve with: \_\_\_\_\_
- Date merchandise returned: \_\_\_\_\_
- Merchandise returned via: (USPS, FedEx, UPS): \_\_\_\_\_ Tracking Number: \_\_\_\_\_
- What merchandise/service should have been received? \_\_\_\_\_
- How was merchandise/service defective? \_\_\_\_\_
- How was the merchandise/service not as described? \_\_\_\_\_

**You must contact the merchant in an attempt to resolve the issue. Please explain in Part 4, the details of the merchant’s response. You must also explain the type of merchandise received and what should have been received; what was defective or what was not described. Also, please supply proof of return and any documentation you have to support your claim.**

I do not recognize this transaction. Prior to disputing this transaction, VISA® and American Express® require that the cardholder contact the merchant to resolve the issue. PenFed Credit Union also suggests that you consult with any joint owners and/or authorized users on the account prior to submitting a dispute. **Please use Part 4 to describe in detail the attempts made to contact the merchant.**

**Part 3: The signature of the cardholder must be in this section with the appropriate date for your request to be processed.**

Signature: _____ Date: _____
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**Please Note:**

- We cannot place a “Stop Payment” on a charge; in lieu of this, Visa® and American Express® extend billing rights to cardholders. To preserve these billing rights, the cardholder must notify PenFed Credit Union within sixty (60) days from the closing date of the statement on which the error first appeared.
- Upon receipt of your request, your dispute case will be assigned to a Dispute Specialist for review. If there are any questions related to your dispute claim you will be notified within 30 days. We may request additional documentation regarding your dispute.
- Due to legal variations among nations, international transactions do not have the same consumer protection rights that are available for transactions originating in the United States. We will make every effort to assist you. However, we cannot guarantee a favorable outcome for all disputed transactions.

**Part 4: Use this section to provide a detailed explanation of your dispute. Please enclose all supporting documentation.**

A large, empty rectangular box with a thin black border, intended for providing a detailed explanation of the dispute and enclosing supporting documentation.

Mail to Credit Card Services Disputes, P.O. Box 456, Alexandria, VA 22313-0456, or fax to 703-838-1518.