NASSAU FINANCIAL®
Federal Credit Union

Cardholder Dispute Form

Name: _____

Visa 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. 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.

☐ **Cancellation dispute:**

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

  _____

- * Date of cancellation: _____ Spoke with:

  _____

  Cancellation number: _____ Reason: _____

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

☐ **Returned item dispute:**

- * Date returned:_____ Date received by merchant: _____

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

  * 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: Spoke with: _____

  On (date): _____ *Merchant's Response: _____

  _____

☐ **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: _____

☐ **I did not receive cash from an ATM withdrawal attempt**

- 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: Spoke with: _____

On (date): _____ *****Merchant's Response: _____

_____

- If selecting this dispute reason, you <u>must</u> supply a copy of proof of that 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

* Describe your attempt to resolve with the merchant, spoke with: _____

On (date): _____ *****Merchant's Response: _____

_____

☐ I have not attempted to resolve with the merchant and why: _____

_____

☐ **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.

☐ **Incorrect transaction amount**

- * The amount of this transaction posted for $_____ but should have posted for $_____
- You <u>must</u> supply a copy of your receipt showing the correct amount.

☐ **Quality of services or goods dispute**

- * 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:: _____

_____

_____

☐ **Additional information or comments:** _____

_____

_____

For Institution use only:

Information taken by _____ on _____