

# Debit Card Signature-Based Dispute Form

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Daytime Phone No.: \_\_\_\_\_  
Email Address \_\_\_\_\_

Disputed Amount \$ \_\_\_\_\_ Post Date \_\_\_/\_\_\_/\_\_\_  
Merchant Name \_\_\_\_\_  
Cardholder Name (if different than above) \_\_\_\_\_  
Completed Credit/Debit Card No.: \_\_\_\_\_  
Disputing more than one item? Yes \_\_\_\_\_ No \_\_\_\_\_ (Only **ONE** transaction per form)  
If yes, then this is number \_\_\_ of \_\_\_ (e.g. 1 of 3)

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

Select Type of Dispute (Check **ONLY** one)

- Did not recognize-** Please attempt to contact merchant prior to disputing charge.
  - When did the Cardholder contact the Merchant? (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_
  - What was the outcome of the merchant contact? \_\_\_\_\_
  
- 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 a copy of **letter, email, or fax** informing merchant of cancellation.
  - When did the Cardholder contact the merchant? \_\_\_\_\_
  - Reason for cancellation? \_\_\_\_\_
  - Date of cancellation \_\_\_/\_\_\_/\_\_\_ Cancellation # \_\_\_\_\_
  - Were you advised of a cancellation policy? Yes \_\_\_\_\_ 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? \_\_\_\_\_
  - What was received? \_\_\_\_\_
  - Was merchandise suitable for the purpose intended? \_\_\_\_\_
  - Merchant 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? No \_\_\_ Yes \_\_\_  
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 (charge) -** Please attach a copy of the credit slip and the original sales slip.
- 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 & 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? No \_\_\_ Yes \_\_\_
  - 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 at resolution on a separate sheet of paper and attach to this form. Include copies of second opinions from 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 lost or stolen. If you have not, please call **1-888-397-5111** before sending in this form.
  - If this was for a hotel room, did you request a reservation? No\_\_\_ Yes\_\_\_
  - 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 on a **SEPARATE SHEET** and **attach** it to this form.

Signature required \_\_\_\_\_ Date: \_\_\_\_\_

**FAX COMPLETED DISPUTES TO:**  
**Parishioners Federal Credit Union**  
**(310) 320 2405**