

## Credit / Debit Card DISPUTE FORM

**YOU SHOULD MAKE EVERY EFFORT TO RESOLVE THE DISPUTE(S) WITH THE ATM OWNER OR MERCHANT PRIOR TO FILING A DISPUTE FOR US TO ASSIST YOU**

*Any charge shall be deemed to be correct and undisputed unless we are notified to the contrary within 60 days after the monthly periodic statement reflecting such charge.*

**Phone Numbers**

FAX# 703-706-5117

PHONE: 703-706-5000

800-296-8882

**Email Address**

[sdfcu@sdfcu.org](mailto:sdfcu@sdfcu.org)

**Mailing Address**

State Department FCU

PO Box 1429

Alexandria, VA 22313

Name on Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Last)

(First)

(Middle)

Credit Account# \_\_\_\_\_ Debit Account# \_\_\_\_\_ Credit Union Account Number: \_\_\_\_\_

(Last 8 Digits Card Number)

Primary Phone# \_\_\_\_\_ Secondary Phone# \_\_\_\_\_

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

Merchant Name: \_\_\_\_\_ ATM Location: \_\_\_\_\_

Disputed Amount \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

Disputing more than one item? Yes No (If Yes, List additional transactions on the bottom of the second page)

### Select type of Dispute (Check ONLY one)

**Did not recognize** – You should contact the ATM Owner or Merchant prior to disputing the charge.

Date the ATM Owner or Merchant was contacted : \_\_\_\_\_

What was the outcome of the contact? \_\_\_\_\_

**I was billed twice for a single ATM or purchase transaction**–posted more than once.

Valid Transaction \$ \_\_\_\_\_ Post Date : \_\_\_\_\_

Invalid Transaction \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

**(Enclose/attach a copy of your receipt for disputed transaction)**

**Membership Cancellation** – Enclose/attach copy of letter, email, or fax informing the merchant of cancellation.

Date of cancellation: \_\_\_\_\_ Cancellation # \_\_\_\_\_

Reason for cancellation? \_\_\_\_\_

What were you told if no cancellation # or policy was provided? \_\_\_\_\_

**Merchandise was returned**- You **must** return the merchandise prior to exercising this right.

**Please attach signed proof of return (US Postal receipt) or credit slip.**

What was ordered? \_\_\_\_\_

What was received? \_\_\_\_\_

Reason for returning? \_\_\_\_\_

**I did not receive the ATM funds or merchandise** – Did not receive funds/ received a partial disbursement of funds from an ATM or merchandise was not delivered per contractual agreement.

Date the ATM Owner or Merchant was contacted: \_\_\_\_\_

What was the outcome of the contact? \_\_\_\_\_

What was the expected delivery date? \_\_\_\_\_ Pick up date? \_\_\_\_\_

Was there an ATM system error or cancellation of the merchandise? Yes No

**I was overcharged for the ATM withdrawal/purchase** – Please include a copy of the ATM receipt or signed sales receipt.

**My credit posted as a sale transaction** – 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. NOTE: Merchant has 30 days from date on credit slip to post the credit to the account.

**I paid by other means** – You must provide proof you 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.

Date the ATM Owner or Merchant was contacted: \_\_\_\_\_

What was the outcome of the merchant contact? \_\_\_\_\_

**I was charged for a hotel room, which I cancelled** – Cancellation number is required.

Date of cancellation: \_\_\_\_\_ Cancellation # \_\_\_\_\_

Reason for cancellation? \_\_\_\_\_

What were you told if no cancellation # or policy was provided? \_\_\_\_\_

**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.

It is **required** that you include a copy of second opinion from a certified merchant on their invoice, letterhead, repair bills, contracts or other supporting documentation. For example: If you are disputing the service received for car repairs, you must obtain a second opinion at a different merchant from a certified mechanic supporting your dispute.

**I did not authorize this charge** – **To select this option your card and PIN must be stasured as Lost/Stolen.** If your card has not been stasured lost/stolen, please call **1-800-296-8882 or 703-706-5000**

Did you purchase an item for a free trial period with a delayed billing date? Yes: No: For example: Info commercials with a 30 day free trial period. Make sure you know their billing and cancellation policy.

“I certify that I did not authorize or participate in this transaction with the above- mentioned ATM / Merchant, nor did I authorize anyone else to use my card. “

**Signature required:** \_\_\_\_\_

**Other** – Please enclose **DETAILED** description on a **SEPARATE SHEET** and **ATTACH** it to this form.

**Transaction(s) list**

<u>Date</u>	<u>Amount</u>	<u>ATM / Merchandise Information</u>

Please log into your SDFCU Online Banking Account to securely upload this document from your desktop using "File Upload". Once logged into Online Banking select "Account Services", followed by "File Upload".