

**DEBIT CARD TRANSACTION DISPUTE FORM**

**MERCHANT DISPUTE**

**Do not use for PIN-based transactions**

Debit Card Account # \_\_\_\_\_ Cardholder Name \_\_\_\_\_  
(16 Digit Card Number Only)

Member Account Number: \_\_\_\_\_

Disputed Amount \$ \_\_\_\_\_ International Fee Amount \$ \_\_\_\_\_ Transaction Post Date \_\_\_/\_\_\_/\_\_\_

Merchant Name \_\_\_\_\_ Disputing more than one item? Yes  No

If Yes, then this is number \_\_\_ of \_\_\_ (e.g. 1 of 3) **LIST ONLY ONE TRANSACTION PER FORM**

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

Cardholder Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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

---

**Select Type of Dispute  
CHECK ONLY ONE**

**I was billed twice for a single purchase** – Cardholder certifies one transaction is valid, but posted more than once. Please provide receipt for transaction when available.

- Valid Transaction \$ \_\_\_\_\_ Post date \_\_\_\_\_
- Invalid Transaction \$ \_\_\_\_\_ Post date \_\_\_\_\_

**Membership Cancellation** – Must provide 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 # \_\_\_\_\_
- 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. **Must attach signed proof of return or credit slip.**

- What was ordered? \_\_\_\_\_
- What was received? \_\_\_\_\_
- Reason for returning \_\_\_\_\_
- Was merchandise suitable for the purpose intended? \_\_\_\_\_
- Merchant's response \_\_\_\_\_

- I did not receive the merchandise** - Please contact the merchant first, 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** - Must include a copy of the **signed** sales receipt.
- My credit posted as a sale** - Must attach a copy of the credit slip and the original sales slip.
- The credit did not post to my account** - Must 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 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
  - If Yes, what was the policy? \_\_\_\_\_  
\_\_\_\_\_
  - Cancellation number \_\_\_\_\_ **(REQUIRED)** Cancellation 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 a certified merchant on their invoice or letterhead, repair bills, contracts, or other supporting documentation.
- Other** - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and attach it to this form.

**SIGNATURE REQUIRED** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_