

DEBIT CARD DISPUTE FORM

Only 1 transaction per form – Please use a separate form for each disputed transaction.

Debit Card Number _____

Cardholder Name _____ OFCU Account Number _____

Cardholder Phone Number _____ Email Address _____

Disputed Transaction Amount \$ _____ Posting Date _____

Merchant Name _____

Disputing more than one item? Yes _____ No _____ If Yes, then this is transaction number ____ of ____ (e.g. 1 of 3)

By signing below, I agree that all of the information shown on this form is true and correct.

Member Signature (required) _____

BEFORE DISPUTING A CHARGE, THE CARDHOLDER MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT

Select Type of Dispute (Check the box and complete ONLY ONE of the dispute types below):

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 _____

Recurring Charge / Membership Cancellation (i.e. Internet, Gym Membership, etc.) – Please enclose proof of cancellation such as: a copy of a **letter, email, or fax** informing the merchant of the cancellation.

When did the cardholder contact the merchant to cancel? _____

Reason for the cancellation? _____

Date of cancellation _____ (*must be prior to transaction auth. date*) Confirmation # _____

Were you advised of a cancellation policy? Yes _____ No _____

If yes, what cancellation guidelines / policies were shared with you?

Merchandise was returned – **You must** attempt to return the merchandise prior to initiating a dispute. **PLEASE 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 and notify us of the outcome.

- What was the merchandise that was ordered? _____
- 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? Yes _____ No _____ If yes, when? _____
What was the method of cancellation (i.e. phone, fax, etc.)? _____

I was overcharged for the purchase – Please include a copy of the signed sales receipt.

My credit posted as a sale – 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 payment 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.

- 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? Yes _____ No _____
- If Yes, what was the policy? _____
- Cancellation number _____ (**REQUIRED**) Cancellation date _____
- Copy of phone bill showing you contacted the merchant to cancel (if available).

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 **1-800-528-2273** before sending in this form.

- If this was a hotel room, did you request a reservation? Yes _____ No _____

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, see previous dispute reason above (charged for a hotel room).

Service Dispute – Please describe the nature of your dispute and your attempts at resolution on a **separate sheet of paper and attach it 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 Reasons Than Above – Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

OFCU USE ONLY:

Teller Number of Team Member Receiving Dispute: _____ **Reviewing Senior / Team Leader Initials:** _____