



Instructions for Cardholder Dispute Form

General Information:

This form is used to dispute general transactions on your account that were unauthorized, but not fraudulent. Before disputing a charge, you must make every effort to resolve the dispute with the merchant.

Form Instructions:

1. Complete the following –
 - a. Primary Member Name or Joint Owner's Name
 - b. Card Number
 - c. Date of the transaction
 - d. Amount of the posted transaction
 - e. Amount being disputed

Note: Only transactions occurring in the last 60 days may be disputed
2. In Section 2, complete the corresponding section as it relates to the dispute
3. Print form
4. Sign form

Where to Send the Completed Form:

You may mail or fax for the forms to one of the following locations. Or, you may visit any Credit Union branch location.

Mail to – PO Box 100070

Duluth, Georgia 30096-9370

Attention: Card Services

Fax to – 770.476.6463

Branch Locations – www.gucu.org



Cardholder Dispute Form

Name: _____

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.

* Denotes required fields for the dispute.

___ Cancellation dispute

Were you advised of any cancellation policy? ___ Yes ___ No (if Yes, explain below)

* Date of cancellation: _____ Spoke with: _____

* Cancellation number: _____

* Reason for cancellation: _____

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

How: _____

Describe your attempt to resolve with the merchant:



Returned merchandise dispute

- * Date returned: _____ Date received by merchant: _____
- If mailed, Return Merchandise Authorization Number (RMA): _____
- * Shipping Company: _____ Tracking number _____
- * Reason for return: _____
- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide: _____
- * Date of credit slip: _____ Invoice/receipt number of the credit: _____
- * Describe your attempt to resolve with the merchant: _____

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: _____
- * Describe your attempt to resolve with the merchant: _____

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it

- 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: _____

Note: if selecting this dispute reason, you must supply a copy of proof of other means of 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

Have you attempted to resolve the issue with the merchant?

___ * Yes, spoke with: _____ * Date: _____

* Response _____

___ *No, reason: _____

___ **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.

* Describe your attempt to resolve with the merchant: _____

___ **Incorrect transaction amount**

* The amount of this transaction posted for \$ _____ but should have posted for \$ _____

- You must supply a copy of your receipt showing the correct amount.

* Describe your attempt to resolve with the merchant: _____

___ **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: _____

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* Denotes required information for the dispute.