



For Credit Union Use Only

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Debit Card and Credit Card Dispute / Fraud Form

Please check the appropriate boxes: Debit Card Dispute Credit Card Dispute HELOC Dispute HSA Dispute Credit Card Fraud

Credit/Debit Card Number: _____ Cardholder Name: _____

Cardholder Phone Number: _____ Dispute Amount: _____ Post Date: _____

Transaction Date: _____ Disputing more than one item? Yes No

Merchant Name: _____

Email Address: _____

Signature (Required): _____ Date: _____

Use page 3 for
comments or to
list any
additional
transactions

WE RECOMMEND THAT YOU FIRST ATTEMPT TO RESOLVE THE DISPUTE WITH THE MERCHANT. IF THIS FAILS, OBTAIN A COPY OF THE MERCHANT'S TERMS AND AGREEMENTS DISCLOSURE AND SUBMIT IT WITH THIS FORM.

Type of Dispute (CHECK ONLY ONE).

Did Not Recognize

Did the cardholder contact the merchant? If so, what was the date of this conversation? (mm/dd/yy) _____

What was the outcome of the merchant contact? _____

I was billed twice for a single charge – 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 any copy of a letter, email or fax informing the merchant of cancellation.

When did the cardholder contact the merchant to cancel membership?? _____

Date of Cancellation: _____ Cancellation Number: _____

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. Attach signed proof of return or credit slip.

What was ordered? _____

What was received? _____

Reason for return: _____

Was merchandise suitable for the purpose intended? _____

Merchant's response: _____





Did Not Receive Merchandise

Did the cardholder contact the merchant ? If so, what was the date of this conversation?: _____

What was the outcome of the merchant contact? _____

Merchandise expected delivery date: _____ Pickup date: _____

Did the cardholder cancel with the merchant? Yes No If yes, when: _____

How? _____

Merchandise ordered: _____

Purchase Overcharge – Enclose a copy of the signed sales receipt.

Credit Posted as a Sale – Attach a copy of the credit slip and original sales slip.

Credit Did Not Post to Account – Enclose a copy of the dated credit slip or notice of credit from the merchant, along with a detailed explanation of your dispute.

Paid by Other Means – You MUST provide proof of paid by other means, such as a copy of the cancelled check (front and back), cash receipt, or a billing statement from another credit card.

Did the cardholder contact the merchant? If so, what was the date of this conversation? _____

What was the outcome of the merchant contact? _____

Charged for Cancelled Hotel Room – You MUST provide a cancellation number.

Were you advised of a cancellation policy? Yes No

If yes, what was the policy? _____

Cancellation number: _____

Cancel date (Required): _____

Service Dispute – 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.

Charge Not Authorized –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 do not, please call 1.800.449.7728 before sending in this form.

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

If yes, this is NOT an authorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, see the dispute reasons listed above.

Other – Enclose a DETAILED description on a SEPARATE SHEET OF PAPER and attach it to this form.

IMPORTANT CONTACT NUMBERS

Credit Fax: 727.540.2283

Credit Phone: 1.888.918.7322

Debit Fax: 813.414.8447

Debit Phone: 813.871.2690 ext. 40401

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Employee Name: _____

Date Received: _____



