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: ____________

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: ___________________________

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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

FOR GTE FINANCIAL USE ONLY

Employee Name: ____________________________  Date Received: ____________________________