

Cardholder Dispute Form

RETURN TO MEMBER SERVICES

#FAX#: 770-396-0777 OR

EMAIL: MEMBERSERVICES@CUONTHEGRID.COM

Debit Card # _____ Member # _____ Cardholder Name _____
(Last 6 Digits Only)

Cardholder Phone # _____ Disputed Amount \$ _____ Post Date _____

Merchant Name _____ Disputing more than one item? Yes _____ No _____

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

Email Address _____

SIGNATURE REQUIRED _____

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

Select Type of Dispute (Check ONLY one)

- ┌ **Did not recognize** – Please attempt to contact the merchant prior to disputing the charge.
- When did the Cardholder contact the Merchant? (mm/dd/yy) _____/_____/_____
 - What was the outcome of the merchant contact? _____
- 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 (mm/dd/yy) _____/_____/_____
 - Invalid Transaction \$ _____ Post date (mm/dd/yy) _____/_____/_____
- ┌ **Membership Cancellation** – Please enclose copy of **letter, email, or fax** informing the merchant of cancellation.
- When did the cardholder contact the merchant? (mm/dd/yy) _____/_____/_____
 - Reason for cancellation? _____
 - Date of cancellation (mm/dd/yy) _____/_____/_____ 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. **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 _____

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- ┌ **I did not receive the merchandise** - Please contact the merchant and notify us of the outcome.
- When did the Cardholder contact the merchant? (mm/dd/yy) ____/____/____
 - What was the outcome of the merchant contact? _____
 - What was the expected delivery date? (mm/dd/yy) ____/____/____ Pickup date? (mm/dd/yy) ____/____/____
 - 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** - 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 paid 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? No ____ Yes ____
 - If Yes, what was the policy? _____
 - Cancellation number _____ (**REQUIRED**) Cancel 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.

(credit union use only)

Date form received: ____/____/____
Processing teller #: _____

Provisional credit amount: _____
Date applied: ____/____/____

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