

Non Fraud Cardholder Dispute Form

Financial Institution: True Sky Credit Union

Cardholder Name _____ Phone _____ Email _____

Card Number _____ Transaction Amount \$ _____ Dispute Amount \$ _____

Merchant Name _____ Transaction Date _____

Cardholder Signature (Required) Date

Please check the one box below that matches your dispute type. 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.

Cancellation Dispute

Were you advised of any cancellation policy Yes No (If yes, explain below)

* Date of cancellation: _____ Spoke with: _____

Phone # _____ Email: _____

* Cancellation number: _____

* Reason for cancellation: _____

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

* Phone # _____ Email: _____

* Describe your attempt to resolve with the merchant: _____

Returned Merchandise Dispute

* Date returned: _____ Date received by merchant: _____

• If mailed, include RMA number (Return Merchandise Authorization): _____

* 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: _____

* Phone # _____ Email: _____

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: _____

Phone # _____ Email: _____

I did not receive cash from an ATM withdrawal attempt but was charged for that attempt

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 goods and services by other means

Check Cash Another bank card Other: _____

* Describe your attempt to resolve with the merchant: _____

Phone # _____ Email: _____

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 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
Description of merchandise or services ordered _____

Have you attempted to resolve the issue with the merchant?

* Yes, spoke with: _____ * Date: _____

Phone # _____ Email: _____

* Response: _____

* No, reason: _____

A credit transaction posted as a debit in error

* A credit for \$ _____ was posted to my account as a debit. ***(Supply copy of merchant credit receipt)**

* Describe your attempt to resolve with the merchant: _____

Phone # _____ Email: _____

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: _____

Phone # _____ Email: _____

Quality of Goods and Services

Note: If selecting this dispute reason, you may be required to supply a letter on company letterhead from a second expert that describes the lack of quality or service.

* Describe the difference between what was ordered and what was received. Describe what was defective or why the purchase is unsuitable for your needs: _____

Phone # _____ Email: _____

* Date returned: _____ Date received by merchant: _____

If mailed, supply Return Merchandise Authorization number (RMA): _____ Shipping Company: _____

* Tracking number: _____ Invoice / receipt number of the credit: _____

* If you have a credit slip or voucher or a refund acknowledgement that has not posted, please provide: _____