



## Cardholder Disputed Item Statement

Please complete this form thoroughly and include any supporting documentation as necessary.

<b>Today's Date:</b>	<b>Account Number:</b>
<b>Cardholder Name:</b>	<b>Card Number:</b>
<b>Address:</b>	<b>Cell/Home Phone:</b>
<b>City, State, Zip:</b>	
<b>Email Address:</b>	

<p><i>Please check which card the disputed activity occurred:</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> MasterCard Debit Card</li><li><input type="checkbox"/> MasterCard Classic/Platinum Card</li><li><input type="checkbox"/> ATM Card</li></ul>	<p><i>Please select any that apply:</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I am disputing transactions not authorized by me. <b>(Please complete Sections A, C and D)</b></li><li><input type="checkbox"/> I am disputing transactions with a merchant I have done business with. <b>(Please complete Sections B, C and D)</b></li></ul>
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**A** I am disputing charges that I did not authorize

*Please select all that apply. Please complete section C and D below to list the transactions you're disputing and provide details regarding your dispute, if applicable.*

<input type="checkbox"/> My card is lost.	<input type="checkbox"/> I have written my PIN number on my card.
<input type="checkbox"/> My card is stolen.	<input type="checkbox"/> I have given my card to another person.
<input type="checkbox"/> My card was in my possession.	<input type="checkbox"/> I have given my card information to another person.
<input type="checkbox"/> I shared my PIN number with another person.	

**B** I am disputing charges with a merchant that I have done business with

*Please select the situation that best describes your dispute. Please complete section C and D below to list the transactions you're disputing and provide details regarding your dispute.*

- The merchandise/services were not received by the expected date of:**  
\_\_\_\_\_.
- The merchandise/services/membership/reservations were cancelled on this date:**  
\_\_\_\_\_. It has been 30 days, and I still have not received a credit.  
My cancellation number is (if applicable): \_\_\_\_\_.
- The merchandise was returned on this date:**  
\_\_\_\_\_.  
It has been 30 days, and I still have not received a credit.
- The merchandise is defective and/or damaged and was returned on this date:** \_\_\_\_\_.  
It has been 30 days, and I still have not received a credit.  
(Please describe in section (D) below how the merchandise was defective and/or damaged).
- Multiple charges - I was charged more than once for a single transaction.**  
I should have only been charged \$ \_\_\_\_\_.
- I was charged incorrectly in the amount of \$ \_\_\_\_\_.** I should have been charged \$ \_\_\_\_\_. (Please attach receipt, if applicable)
- I already paid for this transaction using the following means:** \_\_\_\_\_  
this date: \_\_\_\_\_.

<b>C</b>	Below is/are the transaction(s) that I am disputing ( <i>Please see last page to list additional charges</i> )		
	<i>Date Transaction Cleared:</i>	<i>Merchant Name:</i>	<i>Transaction Amount:</i>
<b>D</b>	Please use this section to provide us with the details regarding your dispute (i.e. how you discovered fraud, attempts you made to resolve your dispute with the merchant, etc.) Please attach any applicable supporting documentation.		

***Please note the following:***

A written disputed item statement must be made within 60 days from the statement received showing the transactions posting to your account.

We will credit your account within 10 business days from the day your dispute is received unless otherwise notified.

**\*\*\*\*\*For MasterCard transactions only\*\*\*\*\***

Although the Credit Union will make every effort to recover the disputed transactions, please be advised that the entire dispute process is governed by the MasterCard U.S.A. Inc. Operation Regulations for domestic transactions and MasterCard International Operating Regulations for foreign transactions and no guarantees can be made until the dispute is finalized.

Signed (cardholder): \_\_\_\_\_ Date: \_\_\_\_\_

GFCU Employee: \_\_\_\_\_ Date: \_\_\_\_\_

