CARDHOLDER DISPUTE FORM

Thank you for contacting us regarding a dispute on your debit card. Please use this form to explain the details of your dispute. You may place additional details on the second page.

Cardholder Name _____ Card number _____-_____-_____-_____

Cardholder Address_____ City _____ State_____ Zip _____

Member Number_____ Phone Number _____ -_____-_____

Merchant Name _____Amount _____Transaction date_____
☐See List (page 3) ☐See List (page 3) ☐See List (page 3)

Please choose the ONE category that best describes your dispute:

☐→ **I did not participate or authorize this transaction.**
____ My card is in my possession.
____ My card was lost or stolen at the time of transaction.

☐→ **I do not recognize this transaction.**

☐→ **I paid for this purchase another way, but it still posted to my statement**. I have provided:
___ A cash receipt
____Copies of both sides of a canceled check
____The credit/debit card statement where the valid charge appears
(Please note one of the above is required before Emory Alliance Credit Union can assist with your dispute.)

☐→ **This charge posted to my account twice, but I only authorized one purchase.** The valid charge posted on _____. My debit card is still in my possession.

☐→ **The charge posted to my account for an amount different from the amount on my receipt.**
I have / have not (circle one) enclosed a copy of my receipt showing the difference.

☐→ **I have not received expected goods or services.** The expected date of delivery/completion was _____. I have contacted the merchant and the response was _____.
(Please place additional details of this dispute on the second page of the form.)

☐→ **The merchandise received was not as described, poor quality, damaged, or unsuitable for the purpose intended.** I returned (or attempted to return) the merchandise on _____. I have contacted the merchant and their response to the return was _____.
(Please provide details of what was wrong with the merchandise on the second page of the form, and include proof the goods were returned to the merchant, such as a tracking number.)

☐→ **I have returned merchandise to the merchant.** A copy of my credit slip is enclosed.

☐→ **I have returned (or attempted to return) merchandise to the merchant.** I did not receive a credit slip because _____. I was/ was not (circle one) informed of the merchant's return policy, and their response to the return was _____.

☐→ **I cancelled the transaction with the merchant on _____.** I was/ was not (circle one) informed of the merchant's cancellation policy, I have contacted the merchant and the response to the cancellation was _____.

Rev. 11/2020

(Please include any contracts or correspondence to and from the merchant,)

☐→ **I cancelled the hotel reservation on _____.** My cancellation number is _____.
(If no cancellation number was provided, please provide a telephone statement showing the cancellation call to the merchant.)

☐→ **ATM located at _____ did not dispense or dispensed the incorrect amount of CASH.** If ATM receipt generated, please provide a copy. RE: ACCOUNTING DEPT

NOTE: Please provide a detailed explanation of the above dispute:

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Cardholder Signature_____ **Date**_____

LIST OF UNAUTHORIZED TRANSACTIONS

MEMBER NUMBER _____

VISA DEBIT CARD NUMBER _____

MERCHANT NAME	TRANSACTION DATE	TRANSACTION AMOUNT

Total _____

Rev. 11/2020