



## Cardholder Dispute Form

Use this form to dispute authorized purchases on signature and PIN transactions made using your Winston-Salem Federal Credit Union (WSFCU) Visa Check Card or ATM Card.

***IMPORTANT:*** Visa regulations REQUIRE that an attempt to contact the merchant to resolve the dispute must be made PRIOR to completing this form.

Answer the following questions. If you answer **YES** to **any** of the questions complete the Cardholder Dispute Form in its entirety.

1. The charge in question was a single transaction but posted twice from my account.
2. Although I did make a transaction at the merchant, I am disputing the amount charged.
3. I have NOT received the merchandise which should have been shipped to me.
4. I notified the merchant to cancel the pre-authorized order.
5. I did not receive all or a portion of funds from using an ATM.

WSFCU Account #:	Visa Check/ATM Card #:	Daytime Phone #:
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### **Important Things to Know:**

- Your first step in disputing an authorized purchase is to contact the merchant directly to resolve your dispute.
- If you have already contacted the merchant and this contact was unsuccessful in resolving your dispute, then completing this form is your next step.
- When completing this form, include supporting documentation that may be helpful in resolving your dispute. This documentation should include but not limited to; date, time and whom you spoke to, cancellation number (if applicable) and the details of your communications.
- If the merchant has agreed to credit back the purchase amount, the credit could take as long as 30-days to reflect on your account.
- Return the completed Cardholder Dispute Form in person, by fax 336-727-8422 or mail to 711 Salem Ave. Winston-Salem, NC 27101.

WSFCU will re-credit your account promptly upon receipt of the **completed** required forms. In the event the merchant denies our claim and provides supporting documentation we will notify you prior to reversing the credit on your account.

If you have any questions, please contact WSFCU at 336-727-2663.

## Cardholder Dispute Form

Name: \_\_\_\_\_

Card number: \_\_\_\_\_

Transaction date: \_\_\_\_\_ Merchant name: \_\_\_\_\_

Transaction amount: \$ \_\_\_\_\_ Dispute amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder signature

\_\_\_\_\_  
Date

**Please check the appropriate box below that matches your dispute type the closest. 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: \_\_\_\_\_

\* Cancellation number: \_\_\_\_\_

\* Reason for cancellation: \_\_\_\_\_

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

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Returned merchandise dispute**

\* Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

• If mailed, Return Merchandise Authorization Number (RMA): \_\_\_\_\_

\* 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it**

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 these goods or services by other means**

check    cash    other Bank Card    Other: \_\_\_\_\_

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_  
\_\_\_\_\_

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 a 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

Have you attempted to resolve the issue with the merchant?

\* Yes, spoke with: \_\_\_\_\_ \* Date: \_\_\_\_\_

\* Response: \_\_\_\_\_  
\_\_\_\_\_

\*No, reason: \_\_\_\_\_

**A credit transaction posted as a debit in error**

\* A credit for \$\_\_\_\_\_ was posted to my account as a debit.

• You must supply a copy of the credit receipt received from the merchant.

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

**Quality of services or goods dispute**

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

\* Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

• If mailed, Return Merchandise Auth. #: \_\_\_\_\_

\* Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

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

\* Date of credit: \_\_\_\_\_ Invoice/receipt number of the credit: \_\_\_\_\_

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_  
\_\_\_\_\_

**Other reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_