



Cardholder Dispute Form

Name: _____

Transaction date: _____ Merchant name: _____

Transaction amount: \$ _____ Dispute amount: \$ _____

Card number: _____ Day time Phone # _____

_____ Cardholder signature _____ Date

If the dispute concerns unauthorized or fraudulent transaction, please do not complete this form. Contact our Member Service Phone Center for instructions.

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 transaction information listed above. Once completed please fax to Card Services at 734-741-0781 or drop off at any branch attention Card Services.

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 was this service canceled? By Telephone _____ Number called

Spoke to: _____

By email _____ email address

You must attempt to resolve issue with merchant prior to filing a dispute.

* Follow up contact occurred when? _____

* By what method? _____

* The merchant's response was? _____

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: _____ Invoice/receipt number of the credit: _____

You must attempt to resolve issue with merchant prior to filing a dispute.

* Follow up contact occurred when? _____

* By what method? _____

* The merchant's response was? _____

I was charged two or more times for the same transaction

Date of legitimate 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. *Expected date of delivery/services was (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 in detail the difference between what was ordered and what was received. What was defective or why the purchase is unsuitable for your needs. Please use a separate piece of paper if necessary.

- * 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: _____
