



15201 Hall Rd.  
 Bowie, MD 20721  
 301.627.2666 | www.PrinceGeorgesCFCU.org

## CARD DISPUTE FORM

**Directions:** Please complete the form then fax or email to the Accounting Department at 301.952.0813 or Accounting@PrinceGeorgesCFCU.org.

<b>Member Name:</b>	<b>Home Phone:</b>
<b>Street Address:</b>	<b>Work Phone:</b>
<b>City, State, Zip:</b>	<b>Card Number:</b>
<b>Email:</b>	<input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card
<b>Cell Phone:</b>	<b>EMV Chip Card? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

Type of Loss:  Lost  Stolen  Card was in my possession at the time the transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):

	<b>Merchant Name:</b>	<b>Amount:</b>	<b>Transaction Date:</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

*\*Use card dispute supplement form for additional charges*

### The following explains my dispute:

- I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.
- I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized.
- I certify that I participated in the above transaction, but have not received the merchandise. (Describe in detail the merchandise or services you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant on the additional space provided)
- I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on \_\_\_\_\_ (date) per the merchant's instructions and have not received credit. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on \_\_\_\_\_ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on \_\_\_\_\_ and canceled my reservation. (Please provide full details on the additional space provided.)
  - My cancellation number is \_\_\_\_\_
  - I was not given a cancellation number.
- The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant's response.)



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

- The merchandise/services were not as described. (If purchase was made over the phone, please indicate what was not as described. Otherwise, please provide written documentation as to what was not as described. ie: color, quantity, etc.)
- I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. **(Your card will be blocked.)**
- Other. Describe below. Descriptions of transactions should be typed or written clearly. (Attach additional sheets if necessary.)

In dispute cases except those related to lost/stolen/counterfeit cards, you will be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:

### Attempt to Resolve Information:

- I have made an attempt to resolve with the merchant. (check one) YES  NO
- Date of contact: \_\_\_\_\_
- Contact method: Telephone E-mail In-person Other \_\_\_\_\_  
(describe)
- Merchant's response:  
\_\_\_\_\_  
\_\_\_\_\_
- If no attempt, why?  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

-----For Credit Union Use Only-----

Date Card Blocked (if applicable): \_\_\_\_\_ Employee Name: \_\_\_\_\_  
Branch: \_\_\_\_\_ Date: \_\_\_\_\_  
Received by Accounting Dept. Date: \_\_\_\_\_



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## CARD DISPUTE SUPPLEMENTAL FORM

**Member Name:** \_\_\_\_\_

	<b>Merchant Name:</b>	<b>Amount:</b>	<b>Transaction Date:</b>
6			
7			
8			
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25			

*\*Only use this form in addition to Card Dispute Form (never as a stand-alone form)*

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

-----For Credit Union Use Only-----

Date Card Blocked (if applicable): \_\_\_\_\_ Employee Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Accounting Dept. Date: \_\_\_\_\_