Penn State Federal Credit Union

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Credit Union

**Penn State Federal Credit Union
Cardholder Dispute Form**

Cardholder Name:_____

Visa 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.

☐ **Transaction not recognized by cardholder: Additional information is required from merchant to identify the
transaction. Not to be used if transaction if confirmed fraudulent.**

☐ **Cancellation dispute:**

> Were you advised of any cancellation policy?   ☐ yes   ☐ no (if yes, explain below)

> _____

> * Date of cancellation: _____ Spoke with: _____

> * Cancellation number: _____

> * Reason:_____

☐ **I cancelled this recurring transaction with the merchant on** (date): _____ how _____

> * Describe your attempt to resolve with the merchant:

> _____

> _____

☐ **Returned item 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:

> _____

> _____

Did the merchant refuse to accept returned merchandise or provide a return authorization?

Check one: ☐ Merchant refused to provide return authorization

☐ Merchant refused to accept returned merchandise

☐ Merchant informed cardholder not to return merchandise

Describe your attempt to resolve with the merchant:

_____

_____

☐ **I paid for these goods or services by other means:**

☐ Check   ☐ Cash   ☐ Other Bank Card   ☐ Other: _____

* Describe your attempt to resolve with the merchant:

_____

_____

Spoke with: _____ On (date): _____

*Merchant's Response:

_____

_____

Note: If selecting this dispute reason, you <u>must supply a copy of proof of other means of payment.</u> 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**

Select one: ☐ Merchandise not received ☐ Service not received

Describe in detail what service or merchandise was ordered:

_____

_____

* I expected delivery/services on (date): _____

* Merchant unwilling or unable to provide service: ☐ Yes   ☐ No

* Describe your attempt to resolve with the merchant, spoke with: _____

* Merchant's Response:

_____

_____

☐ **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.

* The amount of this transaction posted for $_____ but should have posted for $_____

  • If available, please supply a copy of your receipt.

* Describe your attempt to resolve with the merchant:

_____

_____

☐ **Incorrect transaction amount**

* The amount of this transaction posted for $_____ but should have posted for $_____

You <u>must</u> supply a copy of your receipt showing the correct amount.

☐ **Quality of services or goods dispute, defective merchandise or not as described**

Select one: ☐ Merchandise was defective or not as described   ☐ Service was defective or not as described *

Describe the difference between what was ordered and what was received or provide copy of written purchase order. What was defective or why the purchase is unsuitable for your needs.

_____

_____

* Date cardholder received merchandise or service:_____ * 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 services cancelled: _____ How: _____

* Did the merchant refuse to accept returned merchandise or provide a return authorization?

 Check one:

        ☐   Merchant refused to provide return authorization

        ☐   Merchant refused to accept returned merchandise

        ☐   Merchant informed cardholder not to return the merchandise

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: _____

☐ **I did not receive cash from an ATM withdrawal attempt**

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:

_____

_____

☐ **Shared Deposit, performed but not processed, or processed incorrectly**

Cardholder participated in the transaction, but did not receive the funds or did not receive the correct amount of funds. (Dispute amount limited to the amount of funds not received).

Transaction reference number: _____ Date of transaction: _____

☐ Did not receive funds

I made a single attempt to load $_____ and did not receive the funds

☐ Did not receive the correct amount of funds

I made a single attempt to load $_____ and received a partial amount of $_____

                                   * Denotes required fields per the dispute type.

☐ **Shared Deposit, no documentation received for deposit:**

    Issuer did not receive returned item documentation within 10 calendar days of returned item Adjustment transaction date.

    Transaction reference number: _____ Date of transaction: _____

☐ **Share Deposit, invalid adjustment**

    A Shared Deposit Adjustment is disputed by the Cardholder or Issuer. Please provide details for the check box.

    _____

    _____

☐ **Adjustment contains invalid data such as:**

    ☐ Incorrect account number

    ☐ Non-matching account number

☐ **Cardholder disputes validity of Adjustment due to the amount of the Adjustment, or original Transaction was cancelled and reversed**

☐ **Adjustment processed beyond 45 days from Transaction Date**

☐ **Adjustment processed more than once**

☐ **Additional information or comments:**

_____

_____

_____

_____