

**OLYMPIA CREDIT UNION**  
**DEBIT OR CREDIT CARD DISPUTE FORM**

*If more than one transaction is in dispute, please complete a separate form for each item.*

If a transaction appears on your statement that you believe is an error, please complete and sign this form. **Only transactions that have already posted to your account** may be included in your claim. To preserve cardholder rights established by federal regulations, this form must be received no later than 60 days after the transaction posted.

**Before disputing a charge, you must make every effort to resolve the charge with the merchant.**

Name: \_\_\_\_\_ Daytime phone number \_\_\_\_\_  
Card number: \_\_\_\_\_ Home phone number \_\_\_\_\_  
Transaction date: \_\_\_\_\_ Merchant name: \_\_\_\_\_  
Transaction amount \$ \_\_\_\_\_ Dispute amount \$ \_\_\_\_\_  
Required cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Select type of dispute (check only one) \*\*\***

We are unable to process your dispute unless all of the required (blank) fields are completed.

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

Transaction reference number \_\_\_\_\_ Please provide receipt if received.

How many attempts to receive cash were made? \_\_\_\_\_

**\*An ATM machine has five business days to reconcile an error before a dispute can be processed**

- **Cancellation Dispute:**

*This includes reservations, subscriptions, memberships, services, orders, etc...*

Were you advised of any cancellation policy? \_\_\_no \_\_\_yes (If yes, please explain below)

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

Date of cancellation \_\_\_\_\_ Spoke with \_\_\_\_\_

Cancellation number \_\_\_\_\_ Reason for cancellation \_\_\_\_\_

How did you cancel? \_\_\_\_\_

**\*Please include any letter, e-mails or faxes informing merchant of cancellation.**

Describe your attempt to resolve with the merchant including date of contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \*

**\*A cancellation number is required in order to process a hotel cancellation dispute**

<p>Office use only Completed paperwork received on _____ MSR/MSS _____ Processed by _____ Letter sent: 1. provisional credit _____ 2. Investigation required _____ 3. Denial _____ Provisional credit given on: _____ OCU received credit on _____</p>
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○ **Returned merchandise dispute:**

Date returned \_\_\_\_\_ Date received by merchant \_\_\_\_\_

**If returned by mail provide the following:** Return Merchandise authorization # \_\_\_\_\_

Shipping company \_\_\_\_\_ Tracking number \_\_\_\_\_

Reason for return \_\_\_\_\_

Describe your attempt to resolve with the merchant including date of contact:

*\*If you have proof of a credit not posted, please provide the receipt*

○ **I was charged two or more times for the same transaction:**

Valid transaction amount \$ \_\_\_\_\_ Post date \_\_\_\_\_

Invalid transaction amount \$ \_\_\_\_\_ Post date \_\_\_\_\_

Describe your attempt to resolve with the merchant including date of contact:

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

Check \_\_\_\_\_ cash \_\_\_\_\_ other bank card \_\_\_\_\_ other \_\_\_\_\_

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

**\*You must supply a copy/proof of that payment**

*Proof can include another bank card statement, copy of the front and back of a cancelled 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

What was ordered? \_\_\_\_\_ date ordered \_\_\_\_\_

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

○ **A credit transaction posted as a sale in error:**

Please include a copy of the credit receipt and the original sales receipt

**\*You must supply a copy of your receipt showing the correct amount.**

○ **Incorrect transaction amount:**

The amount of this transaction posted for \$ \_\_\_\_\_ but should have posted for \$ \_\_\_\_\_

Please include a copy of the signed sales receipt.

**\*You must supply a copy of your receipt showing the correct amount**

○ **Quality of 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 the merchant \_\_\_\_\_

**If you returned by mail provide the following:** Return merchandise auth# \_\_\_\_\_

Shipping company \_\_\_\_\_ Tracking number \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**\*If you have proof of a credit not posted, please provide the receipt**

- **Credit not received:** Merchant has 30 days to post credit before we are able to submit a dispute. Please include a copy of the dated credit receipt or notice of credit from merchant.

- **Other reason:** Please enclose a DETAILED description of the dispute on a separate piece of paper and attach to this form. Please fill out the top portion on the first page of this form.



**\*\*Attach a separate piece of paper or letter if more room is needed for your explanation.**

**\*\*\*You may receive additional forms to be completed or requests for information from Olympia Credit Union.**

**\*\*\*\*The accounting Dept will issue you a confirmation letter regarding the status of your dispute within ten business days from the date the completed dispute form was received.**

