

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***

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 _____

○ **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.**

