



Cardholder Credit & Debit Dispute/Fraud

Directions: Once completed, return to the nearest branch, fax to (757) 497-1383, or email to disputes@chartway.com.

Contact Information	
Full Name	
Card Number	
Member Number	
Preferred Phone Number	
Email Address	
Date	

Disputes must be filed within 90 days of the transaction posting. Additional transactions can be added in the additional comments section.

Date of Transaction	\$ Amount of Transaction	Merchant Name
	Total \$ of Unauthorized Transactions \$ _____	

Please select the box below that best describes the reason for submitting this claim.

- If **FRAUD**, please select from the “Fraud Reasons” section.
- Or, if this is a **MERCHANT DISPUTE**, please select from the “Dispute Reasons” section.

You may be contacted by the institution to obtain additional information. Failure to respond may result in your claim being denied.

Fraud Reasons: Please note that in all cases of FRAUD, card will be closed **immediately**, and a new card will be issued.

I / an authorized party did not engage in this (these) transaction(s).

– My card was:

- In my possession
- Lost on (date) ____/____/____
- Stolen on (date) ____/____/____

I did not perform the ATM transaction(s) listed above.

- My card was:
 - In my possession
 - Lost on (date) ____/____/____
 - Stolen on (date) ____/____/____

Dispute Reasons: Before disputing charges, please make every effort to **resolve** with the merchant.

Duplicate Charge: cardholder certifies one transaction is valid, but it posted more than once.

- Valid Transaction \$ _____ Posting Date ____/____/____
 - Invalid Transaction \$ _____ Posting Date ____/____/____
 - Describe your attempt to resolve with the merchant including contact date
-

Cancellation: Please enclose a copy of the cancellation, notifying the merchant.

- Reason for cancellation? _____
 - Date of cancellation ____/____/____
 - Cancellation Number _____
 - Describe your attempt to resolve with the merchant including contact date
-

Returned Merchandise: You must **first** attempt to return the merchandise and allow **14 days** for merchant to post the credit. Please attach signed proof of return or credit slip.

- Reason for return _____
 - Describe your attempt to resolve with the merchant including date of contact
-

Merchandise Not Received: Please contact the merchant and notify us of the outcome.

- What was the expected delivery/pick up date? ____/____/____
 - Provide **detailed** description of expected merchandise
-
- Describe your attempt to resolve with the merchant including date of contact:
-

Incorrect Transaction Amount: Must to provide copy of the receipt.

- A transaction in the amount of \$ _____ posted to my account. However, the correct amount should be \$ _____.
 - Describe your attempt to resolve with the merchant including contact date
-

I Paid for this Purchase by Other Means: Must provide proof of purchase.

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

ATM Cash Not Received: Please attached a copy of the ATM withdrawal slip.

- Date of cash withdrawal ____/____/____
- Amount requested \$ _____ Amount received \$ _____



Additional Comments

Please provide additional information below or on a separate sheet, if needed.
