



## Cardholder Credit & Debit Dispute/Fraud

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

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