

Cardholder Claim Form

Directions: Please ensure to sign below as we are unable to process without a signature. Once completed, please return to the nearest branch or fax to **757-497-1383**.

Contact Information

Full Name	
Card Number	
Account Number	
Daytime Phone	
Evening Phone	
Email Address	
I have authorized others to use my card. (Circle one)	Yes No
If yes, please list their names:	

****Dispute must be filed within 60 days of the statement in which the transaction is posted.****

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

Additional transactions can be added to an additional page if necessary.

Please select the box below that best describes the reason for submitting this claim. If this is fraud, please select from the “Fraud Reasons” section. If this is a merchant dispute, please select from the “Dispute Reasons” section. You may be contacted by the institution regarding additional information. Failure to respond may result in your claim being denied.

Fraud Reasons

Please note that in all cases of fraud, your card will be closed immediately and a new card will be issued.

I did not engage in this (these) transaction(s) nor has anyone authorized by me done so.

- My card was: in my possession
 lost on (date) ___/___/___
 stolen on (date) ___/___/___

I notified the credit union of the loss/stolen card on (date) ___/___/___

I have performed transactions with the merchant, but not the transaction listed. The authorized transaction amount was \$ _____ on (date) ___/___/___

My card was: in my possession

lost on (date) ___/___/___

stolen on (date) ___/___/___

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

My pin is located _____

Dispute Reasons

****Before disputing charges, you must make every effort to resolve the dispute with the merchant. ****

I was billed twice for a single purchase – Cardholder certifies one transaction is valid, but it posted more than once. **All cards issued to me are in my possession.**

Valid Transaction \$ _____ Posting Date ___/___/___

Invalid Transaction \$ _____ Posting Date ___/___/___

When did the cardholder contact the merchant? (Target, Hy-Vee, etc) ___/___/___

What was the outcome of the merchant conversation? _____

Membership cancellation – Please enclose a copy of the **letter, email, or fax** informing the merchant of cancellation.

When did the cardholder contact the merchant? ___/___/___

Reason for cancellation? _____

Date of cancellation ___/___/___ Cancellation Number _____

Were you advised of a cancellation Policy? **YES or NO**

If **YES**, what were you told? _____

Free trial – Please enclose a copy of the free trial agreement and a copy of the cancellation notice.

Date Free Trial started ___/___/___ Date of Cancellation ___/___/___

Merchandise was returned – You **must** attempt to return the merchandise prior to exercising this right. (Please allow 14 days for the merchant to post credit.) **Please attach signed proof of return or credit slip.**

Reason for returning? _____

Merchant's response? _____

I did not receive the merchandise – Please contact the merchant and notify us of the outcome.

When did the cardholder contact the merchant? ___/___/___

What was the outcome of the merchant contact? _____

What was the expected delivery date? ___/___/___ Pick up date? ___/___/___

What did you expect to receive from the merchant? _____

The amount of the transaction was incorrect. – Please include a copy of the receipt; required for processing.

A transaction in the amount of \$ _____ posted to my account, however the correct amount should be \$ _____.

ATM cash not received – Please attached a copy of the ATM withdrawal slip.

Date of cash withdrawal ___/___/___

Amount requested \$ _____ Amount received \$ _____

I paid for this purchase by other means – a copy of the cleared check, credit card statement, or cash receipt must accompany this form.

I paid by cash check other credit/debit card. other

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

Cardholder Signature: _____ **Date:** _____

Retail Employee Name: _____ **Branch:** _____