

Card Transaction Dispute Form

Type _____ Dispute # _____
Debit/Credit Card # _____ Date _____
Member Name _____ Member # _____
Email Address _____ Member Phone # _____

Preferred method of contact: Text Email Mail Phone

By selecting "Text" above you agree to receive text messages from AdvantageFCU. Fees or charges from your carrier may apply.

Member Statement; Description of what happened:

***** DISPUTE TRANSACTIONS *****

A dispute is when a transaction was authorized but there was a problem with the amount, or the goods or services received.

Prior to disputing charge(s), you must make every effort to resolve the dispute with the merchant.

Select Type of Dispute - Check ONLY one dispute type and complete those questions. The transactions will be listed at the end.

- Merchandise or service not received** - You must make every attempt to contact the merchant first prior to disputing the charge. It is the fastest way to resolve the claim. Refusal to contact the merchant may result in the denial of your claim.
 - Item(s)/Service ordered _____
 - Expected delivery date (mm/dd/yy) _____
 - Contacted merchant (mm/dd/yy) _____
 - Merchant's response _____

- Merchandise was returned, not as described, or broken when received** - You **must** attempt to return the merchandise prior to exercising this right. Please attach signed proof of return, credit slip or postal receipt.
 - Item(s) ordered _____
 - Reason for return _____
 - Merchandise was received (mm/dd/yy) _____
 - Merchandise was returned (mm/dd/yy) _____
 - Merchant's comment _____



Card Transaction Dispute Form Cont'd

- Free Trial Offer** - You must make every attempt to contact the merchant first prior to disputing the charge, and you must provide proof of cancellation within the free trial period.

- Item(s) ordered _____
- Method of enrollment (Mail, Phone or Internet) _____
- Free trial enrollment date (mm/dd/yy) _____
- Free trial offer was good through (mm/dd/yy) _____
- Cancellation date (mm/dd/yy) _____ Cancellation # _____
- Merchandise was returned (mm/dd/yy) _____ **Please attach proof of return (postal receipt)**
- Merchant's response _____

- Membership/Subscription Cancellation** - Please provide a copy of your notification to the merchant of cancellation.

- Merchant was notified on (mm/dd/yy) _____
- Reason for cancellation _____
- Cancellation date (mm/dd/yy) _____ Cancellation # _____
- Were you advised of a cancellation policy? Yes No
- If yes, what were you told? _____

- Credit did not post to my account** - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

- Overcharged / Wrong Amount** - Please include a copy of the signed sales receipt.

- Valid transaction amount \$ _____ Post date (mm/dd/yy) _____
- Invalid transaction amount \$ _____ Post date (mm/dd/yy) _____

- Double Charged** - Please attempt to contact the merchant prior to disputing the charge. Only one transaction is valid but posted more than once. All cards issued to me are in my possession.

Valid transaction amount \$ _____ Post date (mm/dd/yy) _____

- ATM Withdrawal Incorrect** - Amount Requested \$ _____ Amount Received \$ _____

- Fraud occurs when a transaction clears your account and you did not authorize, request, or initiate the transaction. Nor did you give, sell, or trade your card to anyone.
- We cannot stop a pending charge; however, once the transaction posts VISA® extends billing rights to cardholders. To preserve these billing rights, **the cardholder must notify Advantage Federal Credit Union within sixty (60) days of the statement on which the error first appeared.**
- When applicable, we will provide a temporary credit within ten (10) business days; however the entire process can take up to ninety (90) days to investigate.
- You may be contacted during the processing of your claim for information. Please be sure contact information is correct and be prepared to respond promptly to any request for information. **Failure to do so will result in delayed processing of your claim and awarding refunds. Failure to respond to requests within 15 days may cause your dispute to be denied.**

Do Not Recognize - You have bought from this merchant in the past but not this/these transaction(s). Please attempt to contact the merchant prior to disputing the charge.

- Merchant was contacted on (mm/dd/yy) _____
- What was the outcome from contacting the merchant? _____

Fraud - I have not purchased from this merchant nor authorized or participated in this/these transaction(s). I have not given permission to anyone to use my card and I am willing to prosecute.

Required for both Fraud and Do Not Recognize:

My Card was: ___ Stolen ___ Lost ___ Never Received ___ Still in my possession

What was the last valid transaction you completed? _____

Card must be Captured in Keystone with status "Closed". Check when completed:

Do you agree with the following statements?

I did not give, sell, or trade my card or card number to anyone, nor did I give anyone permission at any time to use my card. I have no knowledge that my spouse or minor child(ren) made any of the transaction(s) being disputed. I have not, and will not, receive goods, services, or monetary benefit from the unauthorized transactions being disputed. I agree that the transactions being disputed were not made by me or anyone acting upon my authority or with my consent or knowledge.

Please state yes or no: _____

I understand Advantage Federal Credit Union will place a temporary credit (within 10 business days) in the account mentioned above; however, if I do not provide all documents/information requested by Advantage Federal Credit Union, or their affiliated processors including a notarized affidavit (if required), the credit will be reversed.

Please state yes or no: _____

All dispute forms must be signed by at least one party. Member's signature should be obtained whenever possible, else a staff signature is required attesting to the accuracy of the information on this form as dictated to them by the member.

Member's Signature _____

Date _____

AFCU Staff Signature _____

Date _____



Card Transaction Dispute Form Instructions

- ❖ You may be contacted during the processing of your claim for information. **Please be sure contact information is correct and be prepared to respond promptly to any request for information.** Failure to do so will result in delayed processing of your claim and awarding refunds. Failure to respond to requests within 15 days may cause your dispute to be denied.
- ❖ If this dispute is denied for any reason you will receive a letter and any temporary credit issued will be reversed after a 5 day grace period. It is your right to request a copy of any documents used in making the decision.
- ❖ **Attempt to contact the merchant. Prior to disputing charges, you must make every effort to resolve the dispute with the merchant.** If contact has been made with no resolution or there is no means of contact, you may then complete a Card Transaction Dispute Form.
- ❖ **The Card Transaction Dispute Form must include copies of documentation to support your dispute. VISA Regulations require documentation to substantiate disputes, therefore detailed information is required.** The Credit Union will need the signed form stating the efforts and results of your contact with the merchant, copies of proof of returns, credit slips, cancellation numbers, and date canceled where applicable. If the appropriate documentation is not supplied, it may result in a processing delay and/or delayed issuance of a temporary credit.
- ❖ **Submitting the dispute form.** Once we receive all the necessary documentation it may take as long as six (6) months to complete the investigation for **disputed** charges. **Fraudulent** charges will be resolved within one hundred twenty (120) days. **If a temporary credit is warranted, it will be provided as soon as possible but no later than ten (10) business days.**

Dispute forms can be submitted through the following ways:

- o Dropped off at any of our branch locations
- o Call us at 585-454-5900 to start the process
- o Fax the form to 585-454-7332
- o Mail the form to Advantage Federal Credit Union, 70 Metro Park, Rochester, NY 14623
- o Email the form to disputes@advantagefcu.org (For security reasons: please omit your member number and provide the last six digits of your card number when using this method)

Card Transaction Dispute Items

AFCU Dispute Number: _____

Merchant Name: _____ Amount \$ _____ Post Date _____

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