

## Credit / Debit Card DISPUTE FORM

**YOU SHOULD MAKE EVERY EFFORT TO RESOLVE THE DISPUTE(S) WITH THE ATM OWNER OR MERCHANT PRIOR TO FILING A DISPUTE FOR US TO ASSIST YOU**

*Any charge shall be deemed to be correct and undisputed unless we are notified to the contrary within 60 days after the monthly periodic statement reflecting such charge.*

**Phone Numbers**

FAX# 703-706-5117

PHONE: 703-706-5000

800-296-8882

**Email Address**

[sdfcu@sdfcu.org](mailto:sdfcu@sdfcu.org)

**Mailing Address**

State Department FCU

PO Box 1429

Alexandria, VA 22313

Name on Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Last)

(First)

(Middle)

Credit Account# \_\_\_\_\_ Debit Account# \_\_\_\_\_ Credit Union Account Number: \_\_\_\_\_

(Last 8 Digits Card Number)

Primary Phone# \_\_\_\_\_ Secondary Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

Merchant Name: \_\_\_\_\_ ATM Location: \_\_\_\_\_

Disputed Amount \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

Disputing more than one item? Yes No (If Yes, List additional transactions on the bottom of the second page)

### Select type of Dispute (Check ONLY one)

**Did not recognize** – You should contact the ATM Owner or Merchant prior to disputing the charge.

Date the ATM Owner or Merchant was contacted : \_\_\_\_\_

What was the outcome of the contact? \_\_\_\_\_

**I was billed twice for a single ATM or purchase transaction**–posted more than once.

Valid Transaction \$ \_\_\_\_\_ Post Date : \_\_\_\_\_

Invalid Transaction \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

**(Enclose/attach a copy of your receipt for disputed transaction)**

**Membership Cancellation** – Enclose/attach copy of letter, email, or fax informing the merchant of cancellation.

Date of cancellation: \_\_\_\_\_ Cancellation # \_\_\_\_\_

Reason for cancellation? \_\_\_\_\_

What were you told if no cancellation # or policy was provided? \_\_\_\_\_

**Merchandise was returned**- You **must** return the merchandise prior to exercising this right.

**Please attach signed proof of return (US Postal receipt) or credit slip.**

What was ordered? \_\_\_\_\_

What was received? \_\_\_\_\_

Reason for returning? \_\_\_\_\_

**I did not receive the ATM funds or merchandise** – Did not receive funds/ received a partial disbursement of funds from an ATM or merchandise was not delivered per contractual agreement.

Date the ATM Owner or Merchant was contacted: \_\_\_\_\_

What was the outcome of the contact? \_\_\_\_\_

What was the expected delivery date? \_\_\_\_\_ Pick up date? \_\_\_\_\_

Was there an ATM system error or cancellation of the merchandise? Yes No

