

CARDHOLDER DISPUTE FORM

A. Member Information:

Member Name:		Member #:	
Card#:		Amount:	
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	

B. Details of Disputed Transaction(s):

Date of Transaction	Amount	Merchant Name

*Note: Complete separate sheet to list more transactions.

C. Unauthorized Transaction(s): (Card **must** be reported lost or stolen, call 1-800-449-7728)

Date of loss/theft of card:	Date of discovery of loss/theft of card:	Police Report #: & Date Filed:
Date of discovery of unauthorized transaction(s):	Date reported to CU or "800" number:	Card was in my possession at the time of the unauthorized transaction(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a record of your pin kept somewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where is it kept?	
Have you ever authorized anyone to use your card? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of person and relationship to you:	
Details in own words:		

D. Disputed Transaction(s): (Please attempt to resolve with the merchant first)

<input type="checkbox"/> DOESN'T RECOGNIZE: <ul style="list-style-type: none"> • Contacted Merchant on _____ Outcome? _____
<input type="checkbox"/> CHARGED TWICE FOR A SINGLE PURCHASE: <ul style="list-style-type: none"> • Contacted Merchant on _____ Outcome? _____ • Valid transaction date: _____ • List duplicate transaction above in section B.

MEMBERSHIP/HOTEL ROOM CANCELLATION:

- Contacted Merchant on _____ Cancellation #: _____ (required)
- Reason for cancellation: _____
- Attach copy of letter, email, fax or phone bill showing you contacted the merchant to cancel. **(required)**
- Informed of cancellation policy? _____ If yes, what were you told _____

RETURNED MERCHANDISE:

- You must attempt to return the merchandise prior to filing this claim. **Please attach the signed proof of return or credit slip.**
- What was ordered? _____
- What was received? _____
- Reason for return: _____
- Was merchandise suitable for the purpose intended? _____
- Merchant's response: _____

MERCHANDISE NOT RECEIVED:

- Contacted Merchant on _____ Outcome? _____
- Original expected delivery/pickup date: _____
- Did you cancel with the merchant? _____ Is yes, when: _____ how? _____
- What was ordered? _____

OVERCHARGED FOR A PURCHASE (Attach copy of signed sales receipt.)

REFUND/CREDIT NOT POSTED (Attach copy of credit slip, notice of credit & a detailed explanation of your dispute.)

PAID BY OTHER MEANS (Attach copy of cancelled check (front & back), cash receipt, or billing statement from other credit card)

CREDIT POSTED AS A SALE/CHARGE (Attach copy of credit slip and original sales slip.)

- Contacted Merchant on _____ Outcome? _____

SERVICE DISPUTE: Describe the nature of your dispute and resolution attempts on a **separate sheet of paper** and attach to this form. Please include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

OTHER: Please enclose a detailed description on a **separate sheet of paper** and attach to this form.

I give my consent to the University of Hawai'i Federal Credit Union to release any information regarding this dispute to any local, state, and/or federal law enforcement agency so that the information can be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I declare that this Cardholder Dispute Form is true and complete and authorize UHFCU to verify the information.

_____ Affected Cardholder's Signature

_____ Date

UHFCU Use Only:

Initials/Tlr#	Checklist for Person Accepting Form	Initials/Tlr#	Checklist for ESOS
	Name of Member, Date & Time of initial notification:		Date & Time Rec'd:
	Rec'd: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		Cancelled Debit or Credit card (if applicable)
	For Unauthorized, informed cardholder to call "800" number.		Date written statement rec'd:
	Informed member that written statement is required ASAP.		