



Visa Debit, ATM or Credit Card Dispute Form

Card Number:	Cardholder address:	Instructions: 1. Fill out the form on the left. Be sure to include as much information as possible. 2. Attach copies of the relevant receipts. 3. Be sure to sign the form. 4. Fax to Card Services at 336-662-6170. 5. Or mail to: Summit CU—Card Services, 8210 W. Market St. Greensboro, NC 27409 6. Questions? Call Card Services at 336-662-6261 or 800-632-0210 ext. 6261
Cardholder Name:		
Cardholder Daytime Phone Number:	Membership Account Number:	
Merchant Name:	Disputed Amount:	
Merchant Location:	Transaction Date:	
Did you attempt to resolve the dispute with the merchant (this is required)?		
<input type="checkbox"/> Yes Date: _____ I spoke with: _____ Merchant's Response: _____	<input type="checkbox"/> No. I did not contact the merchant because: _____	
Please Mark All Appropriate Boxes to Explain the Nature of Your Dispute		
<input type="checkbox"/> I neither authorized nor participated in this transaction.		
<input type="checkbox"/> I acknowledge participation in this transaction..		
<input type="checkbox"/> This transaction took place at an ATM machine and <ul style="list-style-type: none"> <input type="checkbox"/> I received no funds <input type="checkbox"/> I received incorrect and/or partial funds <input type="checkbox"/> I received \$ _____ but my receipt shows I withdrew \$ _____ <input type="checkbox"/> My account was debited twice for the same transaction <p style="text-align: center; margin-top: 10px;"><i>Please attach copies of any receipts or other material necessary to substantiate your claim</i></p>		
<input type="checkbox"/> This transaction was a purchase of goods and/or services <ul style="list-style-type: none"> <input type="checkbox"/> I have a credit voucher, letter of intent to credit, or a refund acknowledgement that has not posted Expected date of credit: _____ Invoice/Receipt# _____ <input type="checkbox"/> I have not received the goods and/or services ordered, but I was still billed Expected date of receipt of goods and/or services: _____ 		

I cancelled the service and/or merchandise but I was still billed for the transaction

Date of cancellation (required): _____ Cancellation#: _____
required for hotels & car rentals

Please provide the reason for cancellation below:

When I cancelled I spoke with: _____

I acknowledge receipt of the goods and/or services, however:

I was billed twice for the same service and/or merchandise

I was billed the incorrect amount

I paid using another method

you are required to attach proof, e.g., front and back copy of the cancelled check or a copy of the statement if another card was used

I received incorrect, partial and/or broken merchandise

Please provide a brief description of how the merchandise differs from the anticipated product:

I returned the merchandise but have not received credit

Date Returned: _____ Date Merchant Rec'd: _____ RMA# _____

Shipping Company: _____ Shipping/Tracking# _____

Address Returned to:

Return Signed for by:

Please attach any type of agreement or contract that you may have with this merchant. If you have any other documents that may be pertinent to your dispute, attach these also.

Please provide any other details that may be relevant to your dispute here:

(Please note all credits to your account are provisional until the claim is closed)

Signature _____

Date _____

For Internal Use Only:

Processed by / Date _____