

Cardholder Dispute Letter

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Nam	e:	Home Phone:			
Stree	et Address:	Work Phone:			
City,	State, Zip:	Card I	Number:		
Ema	il:	EMV	Chip Card? Yes 🗌 No 🗌		
		Stolen Card was in my	possession at the time the transaction(s) occurred.		
Merchant Name:		Amount:	Transaction Date:		
	have listed additional dispute	es on page 3 of this form.	<u> </u>		
The fo	ollowing selection explains m	y dispute. Select only one box t	to indicate this is either a fraud or non-fraud dispute.		
FRAU	D DISPUTE – CARDHOLDER IS	S NOT REQUIRED TO ATTEMPT	TO CONTACT MERCHANT		
	I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. Card will be blocked.				
NON-	FRAUD DISPUTE – CARDHOL	DER IS REQUIRED TO ATTEMPT	TO CONTACT THE MERCHANT TO REMEDY DISPUTE		
		in the above transaction but ha	ave not received the merchandise/service.		
			ected to receive, the expected date of delivery, and the Additional Details area of this form.		
	I certify that I participated in the above transaction but returned the merchandise or canceled services on (date) per the merchant's instructions and have not received credit. Merchant cancelation policionary apply. Provide full details in the Additional Details area of this form.				
	I contacted the merchant on (date) and cancelled the monthly recurring transaction. Merchant cancelation policies may apply. Provide full details in the Additional Details area of this form.				
	I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a copy of the credit slip.				
	I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount isand date it was authorized is				
	I certify that this transaction was paid by other means. Proof of payment by other means must be provided.				
	I certify that an incorrect a		nerchant. The correct amount is Proof o		

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	The merchandise/service I received is defective or damaged. It was the contobe used as intended. Describe in the Additional Details area the purchal preventing its proper use. Provide any information relating to attempts to correct the merchandise/service, and the merchant's response.	se and the defect or damage that is			
	The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the Additional Details area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.				
Attemp	et to Resolve Information				
the me	ate cases <i>except</i> those related to fraud-type disputes, you are required to rchant prior to filing a dispute. If no attempt is made for a consumer-type Describe your attempt to resolve here.	•			
•	I have attempted to resolve with the merchant. Yes No				
•	Date of contact:				
•	Contact method: Telephone E-mail In-person Other -	- Describe in Additional Details			
•	Merchant's response:				
•	If no attempt, why not?				
Additio	nal Details:				
Cardho	lder Signature	Date:			
		FI Internal Use Only:			
		If applicable, date the card was blocked:			

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Merchant Name	Amount	Transaction Date

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