



## WSECU Cardholder Dispute Form

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Card number: \_\_\_\_\_

Transaction date: \_\_\_\_\_ Merchant name: \_\_\_\_\_

Transaction amount: \$ \_\_\_\_\_ Dispute amount: \$ \_\_\_\_\_

Required Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Before disputing a charge, you must make every effort to resolve the charge with the merchant.***

All blanks per dispute are required fields

**Select Type of Dispute (Check only one)**

**Cancellation dispute:**

This includes reservations, subscriptions, memberships, services, orders, ect...

Were you advised of any cancellation policy?  yes  no (if yes, explain below)

Date of cancellation: \_\_\_\_\_ Spoke with: \_\_\_\_\_

Cancellation number: \_\_\_\_\_ Reason for Cancellation: \_\_\_\_\_

How did you cancel?: \_\_\_\_\_

**\*Please include any letters, emails, or faxes informing merchant of cancellation.**

Describe your attempt to resolve with the *merchant*: \_\_\_\_\_

***\*A cancellation number is required in order to process a hotel cancellation dispute***

**Returned merchandise dispute:**

Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

**If you returned by mail provide the following:** Return Merchandise Authorization Number (RMA): \_\_\_\_\_

Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

Describe your attempt to resolve with the *merchant*: \_\_\_\_\_

***\*If you have proof of a credit not posted please provide the receipt***

***\*If possible please get a tracking number or proof of return***

**I was charged two or more times for the same transaction:**

Dates of posted charges: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Describe your attempt to resolve with the *merchant*: \_\_\_\_\_

**I did not receive cash from an ATM withdrawal attempt**

Transaction reference number: \_\_\_\_\_

How many attempts to receive cash were made?: \_\_\_\_\_

**I paid for these goods or services by other means:**

check    cash    other Bank Card    Other: \_\_\_\_\_

Describe your attempt to resolve with the merchant: \_\_\_\_\_

*\*You **must** supply a copy/proof of that payment.*

*Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.*

**Non-receipt of goods or services:**

Tickets / merchandise not received. I expected delivery/services on (date): \_\_\_\_\_

Merchant unwilling or unable to provide service

Describe your attempt to resolve this with the merchant: \_\_\_\_\_

What date/how did you try to resolve this with the merchant?: \_\_\_\_\_

What was ordered: \_\_\_\_\_

**A credit transaction posted as a debit in error**

A credit for \$\_\_\_\_\_ was posted to my account as a debit.

Describe your attempt to resolve with the merchant: \_\_\_\_\_

*\*You **must** supply a copy of your receipt showing the correct amount.*

**Incorrect transaction amount**

The amount of this transaction posted for \$\_\_\_\_\_ but should have posted for \$\_\_\_\_\_

Describe your attempt to resolve with the merchant: \_\_\_\_\_

*\*You **must** supply a copy of your receipt showing the correct amount*

**Quality of goods dispute**

Describe the difference between what was ordered and what was received. What was defective or why the purchase is unsuitable for your needs. \_\_\_\_\_

Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

**If you returned by mail provide the following,** Return Merchandise Auth. #: \_\_\_\_\_

Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

Describe your attempt to resolve with the merchant: \_\_\_\_\_

*\*If you have proof of a credit not posted please provide the receipt*

**Other reason-** Please enclose a DETAILED description of the dispute on a separate piece of paper and attach to this form. Please fill out the top portion of this form.

Attach a separate piece of paper or letter if more room is needed for your explanation. If any of the above does not accurately reflect your dispute, please write a separate letter and attach to this form, with the top portion of this form filled out.

**Please fax completed form to:  
Card Services Department (360) 570-3523**