



If you wish to dispute activity on your credit or debit card, this form must be completed and returned within 60 days from the statement date where the disputed transaction appeared. Failure to submit this form within 60 days may result in closure of your claim. Completing this form does not guarantee reimbursement by WSECU. Please see our Consumer Account Agreement for full details.

Cardholder Dispute Form

Please use for non-fraud disputes only

Member Responsibility

All of the items below must be completed for WSECU to process a dispute:

- _____ Prior to filing a dispute, Visa requires cardholders first attempt resolution with the merchant regarding a refund. Please provide details of that interaction.
- _____ Details are important. Please provide dates, method used to correspond with the merchant, phone numbers, email, website, names, details of the conversation and timelines.
- _____ Supporting documentation is important. Please provide copies of emails or other correspondence with the merchant, compelling evidence, receipts, tracking information, product description and invoices.
- _____ Please check only **one** dispute reason. If you are not sure which reason accurately reflects your dispute situation, please write a separate letter of explanation to include with your dispute form.
- _____ Email or fax your dispute form to Operations Risk Management.
- _____ For valid disputes, a provisional credit will be issued to your account. This is a temporary credit while your dispute is in process. At the end of the dispute process, if the dispute is ruled in your favor, this credit becomes permanent. You will be notified either way at the end of the dispute process.
- _____ For disputes submitted where required information is missing, WSECU will not issue provisional credit to your account and will return your dispute form and a letter indicating what information is still required from you to process the dispute.

The form can be returned to us in the following ways:

- By fax to Operations Risk Management at 360.570.3534 (business hours for disputes are 8:30 am-4:30 pm Mon-Fri)
- Returned to any WSECU branch
- By email to fraudclaim@wsecu.org
- By mail to: WSECU
Attn: Operations Risk Management
PO Box WSECU
Olympia, WA 98507

Please watch your mail for any correspondence from WSECU. During the dispute process, we may need to request additional information from you on behalf of Visa. Visa has specific timeframes set within the rules for disputes, so please adhere to any requested due dates to avoid unnecessary closures of your case.

Cardholder Name: _____ Cardholder Phone: _____
 Card Number: _____
 Transaction Date: _____ Merchant Name: _____
 Transaction Amount: \$ _____ Dispute Amount: \$ _____
 Cardholder Signature: _____ Date: _____

Please check the appropriate box below that matches your dispute type the closest. Your signature above is required.

Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions below.

The required fields per dispute type are marked with an asterisk (*). Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above. **Please note:** Do not use this form if the transaction has been confirmed as fraudulent by WSECU.

Failure to provide all required information will result in a delay of provisional credit to your account until required information is provided.

Transaction not recognized by cardholder

Cancellation dispute

Were you advised of any cancellation policy? Yes No (If yes, explain) _____

*Date of cancellation (MM/DD/YY): _____ *Method of cancellation: _____ Spoke with: _____

*Cancellation number (if provided): _____

*Reason for cancellation: _____

*Describe your attempt to resolve with the merchant:

Returned merchandise dispute

*Date returned (MM/DD/YY): _____ Date received by merchant (MM/DD/YY): _____

If mailed, Return Merchandise Authorization Number (RMA): _____

*Shipping Company: _____ Tracking number: _____

*Reason for return: _____

If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

Date of credit slip: _____ Invoice/receipt number of the credit: _____

*Did the merchant refuse to accept the returned merchandise or provide a return authorization number (RMA)?

Check one:

Merchant refused to provide RMA.

Merchant refused to accept returned merchandise.

Merchant informed cardholder not to return merchandise.

*Describe your attempt to resolve with the merchant:

I was charged two or more times for the same transaction

*Date of first charge: _____ *Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

*Describe your attempt to resolve with the merchant:

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it

Transaction reference number: _____

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one of those attempts

Other _____

I did not receive credit for an ATM deposit - the ATM retained the deposited items.

ATM terminal number/location: _____

Check - list each check and amount separately: _____

Cash - list denominations: _____

I paid for these goods or services by other means

* check cash other bank card other _____

*Describe your attempt to resolve with the merchant: _____

*Note: if selecting this dispute reason, you must supply a copy of proof of other means of 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

*Select One: Merchandise not received Service not received

*I expected delivery/services on (MM/DD/YY): _____

*Describe in detail what merchandise or services were ordered: _____

*Was the merchant unwilling or unable to provide service?: Yes No (if yes, explain) _____

*Describe your attempt to resolve with the merchant: _____

*Merchant response: _____

*If no merchant response, explain: _____

Incorrect Transaction Amount

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

- If available please supply a copy of your receipt.

*Describe your attempt to resolve with the merchant: _____

Quality of services or goods, defective merchandise or not as described

*Select one: Merchandise was defective or not as described Service was defective or not as described

*Describe the difference between what was ordered and what was received or provide copy of written purchase order. What was defective or why the purchase is unsuitable for your needs.

*Date cardholder received merchandise or service: _____ Date merchandise returned: _____

Date received by merchant: _____

- If mailed, Return Merchandise Authorization #: _____

*Shipping Company: _____ Tracking number: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute.

*Date services cancelled: _____ How: _____

*Did the merchant refuse to accept the returned merchandise or provide a return authorization (RMA) number?

Check one:

- Merchant refused to provide RMA number.
- Merchant refused to accept returned merchandise.
- Merchant informed cardholder not to return merchandise.

*Describe your attempt to resolve with the merchant: _____

Additional information: Please use an additional sheet of paper, if necessary

*Denotes required information for the dispute