



CARDHOLDER STATEMENT OF DISPUTE

This form should be completed if you have initiated a transaction with a merchant and are now disputing the transaction
An attempt to resolve the dispute with the merchant must be made first before we can take action on your claim.

Name: Card Number:
Transaction Date: Post Date: Discovery Date: Amount: \$
Merchant Description: Member #:
DVCU employee that completed paperwork w/ cardholder:

Check one box below that most closely matches your dispute reason.

- 1. Cancellation Dispute
Were you advised of any cancellation policy? Yes No
If yes, please explain:
Date of Cancellation: Spoke with:
Cancellation #: Reason:
2. Returned Merchandise Dispute
Date of Return: Date received by merchant:
Required: If mailed, complete the following:
Return Merchandise Authorization Number:
Shipping Company: Tracking Number:
3. Duplicate Charge
Date of first charge: Date of second charge:
4. Incorrect Transaction Amount
I should have only been charged \$ ,as evidenced by my copy of the sales slip.
5. Non-Receipt of Goods or Services
I have not received the ordered merchandise by the due date of
6. ATM Cash Not Received
Transaction reference number:
I made a single attempt and did not receive cash.
I made a single attempt and received \$ of my requested \$ ATM withdrawal.
7. Paid for Goods by Other Means
Check Cash Other card
Attach proof of payment (e.g., a card statement, copy of cancelled check, cash receipt).
8. Sales Draft Copy
I am not disputing this charge. I would only like a copy of the sales draft.

