



# SF Fire Credit Union

## CARDHOLDER DISPUTE FORM & AFFIDAVIT (MERCHANT/ATM)

- Form can be submitted by:
- Visiting one of our branches
  - Through our Online Banking Message Center - Transaction Dispute option
  - Dispute Fax # 415.680.1641
- Must Submit Applicable Supporting Documentation
- Receipts • Purchase/Order confirmation • Proof of shipping/return
  - Proof of cancellation policy/cancellation confirmation

### FOR A MERCHANT / ATM OR CREDIT CARD DISPUTE

If you have any questions or concerns, you may contact us by phone at 415.674.4800 or toll-free at 1.888.499.FIRE(3473); live web chat Monday - Saturday 7:00AM - 8:00PM (Pacific Time).

Cardholder Name		Member Number	
Card Number		Email Address	
Primary Phone		Work Phone	
Mailing Address			
City	State	Zip	

Type of Card:  Debit/ATM  Credit

**Transaction Information:** Must first attempt to resolve issue with merchant and provide proof of contact (email/phone/chat correspondence with merchant). Transaction must be posted and not in pending status; do not include fees.

Posting Date	Merchant Name/Terminal Location	Amount	Credit Union Use Only

If additional space is needed, please list on a separate sheet of paper, sign and attach. Total Claim \$ \_\_\_\_\_

**I have examined the charge or withdrawal made from my account and I am disputing these transactions for the following reason:** (please select one of the following)

**I was promised a merchant credit** - You have never received a merchant credit for returned merchandise or cancelled service. You may be asked to provide a credit slip and/or proof of cancellation. *Merchants must be given 5 business days from the date of return or cancellation to post a credit to your account.*

**I have cancelled the service/order** - If a cancellation policy was provided, please include a copy and explain what you were told under the Additional Information field.

Were you advised of a cancellation policy? Yes No Date of Cancellation (mm/dd/yyyy): \_\_\_\_\_

Did you attempt to resolve with the merchant? Yes No Name of contact person: \_\_\_\_\_

What was the merchant's response? \_\_\_\_\_

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

**I have not received merchandise/services** - You ordered merchandise and/or service that were not delivered/ rendered, but your account was charged. Please refer to the additional information field.

Expected date of delivery and/or service (mm/dd/yyyy): \_\_\_\_\_ Did you attempt to resolve transaction with the merchant? Yes No

Date of last contact with merchant (mm/dd/yyyy): \_\_\_\_\_ Name of contact person: \_\_\_\_\_

Method of contact (i.e. phone or email): \_\_\_\_\_ What was the merchant's response? \_\_\_\_\_

**I am dissatisfied with the quality of the merchandise or service** - You are dissatisfied with the quality or service received, or the merchandise was damaged. *Note: You may need to provide supporting documentation as to the nature of the quality of the merchandise or service. Provide details why the merchandise/service was defective/unsuitable under additional information.*

What was purchased? Merchandise Service Describe what was ordered: \_\_\_\_\_

What date was the merchandise/service received or expected date to receive the merchandise/service? (mm/dd/yyyy) \_\_\_\_\_

Was the merchandise returned? Yes No Did you cancel the transaction with the merchant? Yes No

If so, the date of cancellation was (mm/dd/yyyy): \_\_\_\_\_ Did you attempt to resolve transaction with the merchant? Yes No

Date of last contact with merchant (mm/dd/yyyy): \_\_\_\_\_ Name of contact person: \_\_\_\_\_

Method of contact (i.e. phone or email): \_\_\_\_\_ What was the merchant's response? \_\_\_\_\_

**I was charged twice for the same transaction** - Please refer to the additional information field.

Valid Transaction Amount \$: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Invalid Transaction Amount \$: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**I paid for merchandise and/or service by alternate means** - (i.e. cash, check, other credit card, etc) Provide proof of payment by other means, such as a sales receipt, cancelled check (front and back) or a copy of a credit card statement showing the other transaction. Please refer to the additional information field.

**I was overcharged for the transaction** - The charge on your account is higher than the amount shown on your sales receipt. Please refer to the additional information field.

My sales receipt shows \_\_\_\_\_, however I have been billed for \_\_\_\_\_. (Please provide a copy of the sales receipt.)

**I participated in a transaction with the merchant, but was billed for an additional transaction which I did not authorize.** Please refer to the additional information field. *\*Note, card will be closed if option is chosen*

Did you attempt to resolve transaction with the merchant? Yes No Date of last contact with merchant (mm/dd/yyyy): \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Method of contact (i.e. phone or email): \_\_\_\_\_

What was the merchant's response? \_\_\_\_\_ Have you received products or services? Yes No

If so, have you returned the products and/or cancelled the services? Yes No Date: \_\_\_\_\_ mm/dd/yyyy of return or cancellation?

**ATM Dispute** Please provide a copy of the ATM receipt.

This ATM transaction occurred at a: San Francisco Fire Credit Union ATM Non-San Francisco Fire Credit Union ATM

**I deposited an incorrect amount at an ATM** - You had miscalculated or miskeyed your deposit amount. Please provide details in the Additional Information field.

Location of ATM: \_\_\_\_\_ I made an ATM deposit on (mm/dd/yyyy): \_\_\_\_\_

Which I entered incorrectly as \$: \_\_\_\_\_ The correct deposit amount is \$: \_\_\_\_\_

Did you attempt to inform the owner of the ATM? Yes No What was their response? \_\_\_\_\_

**I received a portion and/or none of the currency from an ATM withdrawal** - You did not receive all and/or a portion of an ATM withdrawal, however it was debited from your account. Please provide details in the **Additional Information** field.

I requested my account to be debited in the amount of \$ \_\_\_\_\_, however I only received \$ \_\_\_\_\_ in currency.

Did you attempt to inform the owner of the ATM? Yes No What was their response? \_\_\_\_\_

Has this loss been reported to the Police Department? Yes No (A Police report may be required)

Agency contacted: \_\_\_\_\_ Report Number: \_\_\_\_\_

**Additional Information/Explain the circumstances surrounding your dispute:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By completing and signing this form, I acknowledge that I have given a correct and true disclosure of the transaction I am disputing. I realize that San Francisco Fire Credit Union may call upon me to supply additional supporting documentation and transaction details to strengthen my claim against the merchant. I realize that not providing all details or exact information related to my dispute may delay the dispute resolution process.*

Cardholder's Signature: \_\_\_\_\_



Date: \_\_\_\_\_