



(TO BE FILLED OUT BY MEMBER)

Name: _____ Account# _____

Phone: _____ Email Address: _____

Address: _____

Please provide a detailed explanation of the disputed item (s).

All disputes are processed within 10 business days and are subject to approval. Provisional Credit will be provided within 10 business days. After extensive research you will be notified by the EMAIL provided, with the final resolution on your dispute.

_____ (Member initials). Date: ____/____/____

FOR BAPTIST CREDIT UNION USE ONLY

Received by MS (Name/TLR) _____ # _____ on Date: ____/____/____

Received by Acctg (Name/TLR) _____ # _____ on Date: ____/____/____

Provisional Credit Deadline (Date) ____/____/____ Credited on: ____/____/____

Final resolution () Approved () Denied Date: ____/____/____

Reason: _____

Notification to MBR by (Name/TLR) _____ on Date: ____/____/____



Debit Card Dispute Explanation Steps are as follows,

- **Submission of Debit Card Dispute Form**
- **Once submitted, it can take up to 10 business days while the investigation process is being handled before you can receive any if due Provisional Credit.**
- **Once the investigation has been resolved you will be receiving an email (with the one provided) with the FINAL RESOLUTION of your dispute.**



DISPUTE/FRAUD COVER SHEET

To: Dispute Resolution Center

Rancho Cucamonga, CA.

Number of pages (including Cover Sheet):

[1] Credit Union Name: _____

Credit Union Contact Name: _____

E- Mail Address: _____

Phone #: (____) _____ Ext: _____ Fax #: (____) _____

Card Number: - - -

Exp. Date: (MM/YY) _____ Card Type Debit Credit

Member Name: _____

[2] DISPUTED ITEMS(s) Total Number of Disputed Charges

Single Dispute Amount:
Please complete fields below

Multiple Dispute Amounts
Please provide details on next page

<u>Auth Date</u>	<u>Settle Date</u>	<u>Merchant Name</u>	<u>Dollar Amount</u>
_____	_____	_____	\$ _____

[3] ACTION REQUESTED (Check One):

- Cardholder Dispute – Process chargebacks as allowed under MasterCard Rules
- Credit Union Dispute – Process chargebacks as allowed under MasterCard Rules
- Request Sales Draft only
- Rebuttal Documentation

[4] UNAUTHORIZED USE OF CARD

If transaction(s) is unauthorized, please indicate status of card (check one):

Card Lost Stolen Card still in Accountholder's possession.

If cardholder still in possession of card is counterfeit card use suspected? Yes No

For Fraudulent Transaction(s), has card been blocked?

Yes, Date Blocked _____ Region Blocked: U.S. International
 No

NOTE: If blocked for an International Region, please provide screen print of entry into E.F.U. with claim.

[5] Other Comments:

Notification of Disputed Transaction - MasterCard

Cardholder Name: _____

Card Number:

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1. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
____/____/____	_____	_____

2. Dispute Reason/Elaboration

I am disputing the transaction(s) in question because of the following reason(s):

The transaction(s) listed below are unauthorized.* No one authorized to use this account signed for or participated in the transaction(s).

At the time of the transaction(s), please indicate status of card (*Please check one*):

- Card Lost Date card was Lost ____/____/____ Card Stolen Date card was Stolen ____/____/____
- Card still in Accountholder's possession. New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected? Yes No

The charge(s) was paid by another means. Enclosed is a copy of the cancelled check/cash/credit receipt or account statement.

The amount signed for on the salesdraft differs from the amount billed on the monthly statement. Attached is my copy of the sales receipt.

The transaction was authorized and then canceled. A credit voucher was issued (copy enclosed), but the credit has not posted to my account. If no credit voucher was issued, please explain the merchant's response to the cancellation/return.

I have been billed multiple times (2 or more) for the same purchase. The original charge posted to my account on ____/____/____.

I placed an order with the merchant above. I have not received merchandise which I expected by ____/____/____. I have contacted the merchant for credit but no credit has posted to my account.

I cancelled this reservation on ____/____/____. The cancellation number provided to me is as follows: _____

I cancelled this recurring charge with the merchant on ____/____/____. No charges after this date are authorized from this merchant.

I received merchandise different from what I ordered. Attached is a detailed letter explaining what was expected from the merchant, what was received, and that an attempt to return the merchandise was made.

Cardholder Signature

Date

*If additional room is required to describe your dispute, please use the back of this form

Multiple Dispute Listing

Cardholder Name: _____

Card Number: - - -

2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
2. ____/____/____	_____	_____
3. ____/____/____	_____	_____
4. ____/____/____	_____	_____
5. ____/____/____	_____	_____
6. ____/____/____	_____	_____
7. ____/____/____	_____	_____
8. ____/____/____	_____	_____
9. ____/____/____	_____	_____
10. ____/____/____	_____	_____
11. ____/____/____	_____	_____
12. ____/____/____	_____	_____
13. ____/____/____	_____	_____
14. ____/____/____	_____	_____
15. ____/____/____	_____	_____
16. ____/____/____	_____	_____
17. ____/____/____	_____	_____
18. ____/____/____	_____	_____
19. ____/____/____	_____	_____
20. ____/____/____	_____	_____

Cardholder Signature

Date