



# 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.

No  International

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

[5] Other Comments:

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## Notification of Disputed Transaction - MasterCard

Cardholder Name: \_\_\_\_\_

Card Number:

|  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
|  |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|

### 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*):

- |  |  |
|--|--|
| <input type="checkbox"/> Card Lost    Date card was Lost ___/___/___ | <input type="checkbox"/> Card Stolen    Date card was Stolen ___/___/___ |
| <input type="checkbox"/> Card still in Accountholder's possession.   | <input type="checkbox"/> 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**