

Cardholder Non-Fraud Transaction Dispute Form

Instructions for filing a dispute:

Please note: this form is only to be used to dispute transactions that you believe to be in error and not fraudulent. If you are disputing transactions that you believe to be fraudulently appearing on your account, please use the Cardholder Fraud Transaction Dispute Form.

1. To submit a dispute using this form, please make sure that you complete all information for the appropriate dispute reason. Any missing information will cause a delay in the processing of your dispute.
2. The form can be completed by filling it out online or by hand and then printing it.

Today's (claim) date: (MM/DD/YYYY)

Cardholder Name

Card Number

Transaction Date Merchant Name

Transaction Amount \$ Dispute Amount \$

Cardholder Signature

Date

Click a link below and check the box that most closely matches your dispute type. Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions.

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.

[I do not recognize this transaction](#)

[Cancellation dispute](#)

[Returned merchandise dispute](#)

[I paid for these goods or services by other means](#)

[Non-receipt of goods or services](#)

[A credit transaction posted as a debit in error](#)

[Incorrect Transaction Amount](#)

[I was charged two or more times for the same transaction](#)

[I did not receive cash from an ATM withdrawal attempt, but was charged as if I did receive it](#)

[Quality of goods or services, defective merchandise or not as described](#)

[Deposit Dispute](#)

I do not recognize this transaction

Need additional information from the merchant to identify the transaction.
Do not use this reason if the transaction is confirmed to be fraudulent.

Cancellation Dispute

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

* Date of cancellation: Spoke with:

* Cancellation number:

* Reason for cancellation:

* Describe your attempt
to resolve with the merchant:

Returned merchandise dispute

* Date returned: Date received by merchant:

- 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 returned merchandise or provide a return authorization?

* Select one:

- Merchant refused to provide return authorization
- Merchant refused to accept returned merchandise
- Merchant informed cardholder not to return the merchandise

* Describe your attempt to resolve with the merchant:

I paid for these goods or services by other means

* Select one:

- 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

* Describe in detail what service or merchandise was ordered?

* I expected delivery/services on (date):

* 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:

A credit transaction posted as a debit in error

* A credit for \$ was posted to my account as a debit.

- You must supply a copy of the credit receipt received from the merchant.

* Describe your attempt to resolve with the merchant:

Incorrect Transaction Amount

* The amount of the 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:

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 itTransaction reference number:

* Select one:

- I made a single attempt and did not receive cash
- I made multiple attempts and only received cash on one of those attempts
- Other

 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 merch. or service: Date merchandise returned: Date received by merchant: • If mailed, Return Merchandise Auth. #: * 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 returned merchandise or provide a return authorization?

* Select one:

- Merchant refused to provide return authorization
- Merchant refused to accept returned merchandise
- Merchant informed cardholder not to return the merchandise

* Describe your attempt to resolve with the merchant:

Deposit performed but not processed, or processed incorrectly

You participated in the transaction, but did not receive the funds or did not receive the correct amount of funds. (Dispute amount is limited to the amount of funds not received.)

Transaction reference number:

* Date of transaction:

- Did not receive funds
I made a single attempt to deposit \$ and did not receive the funds
- Did not receive the correct amount of funds.
I made a single attempt to deposit \$ and received a partial amount of \$

Submit Completed Dispute Form to Atlantic Financial Federal Credit Union By Mail, Email or Fax:

Mail To:
 Atlantic Financial Federal Credit Union
 ATTN: Card Services
 40 Schilling Road
 Hunt Valley, MD 21031

Email To: celesteh@affcu.org

Fax To: 410-584-8061
 ATTN: Card Services

For Institution Use Only

No documentation received for deposit return item

Issuer did not receive returned item documentation within 10 calendar days of returned item adjustment transaction date.

Transaction reference number:

* Date of transaction:

Deposit Dispute, invalid adjustment

A Deposit Adjustment is disputed by the Cardholder or Issuer. Please provide details for the checked item below

* Select one:

Adjustment contains invalid data such as:

- Incorrect account number
- Non-matching account number

Cardholder disputes validity of Adjustment due to the amount of the Adjustment, or original Transaction was cancelled and reversed

Adjustment processed beyond 45 days from Transaction Date

Adjustment processed more than once