



Cardholder Dispute Form

The Cardholder Dispute form should be completed if you have initiated a transaction with a merchant and are now disputing the transaction.

This form must be completed by the cardholder whose name appears on the card number that was charged to dispute credit, debit, or ATM card transactions. Attach a written explanation, if necessary, to provide additional information or if the dispute reasons below do not identify your situation. Once complete, return this form along with any supporting documents, so we may begin processing your dispute.

Your Information (please print)

Name: _____	Day Phone: _____
Address _____	City: _____ State: ____ ZIP: _____
Account #: _____	E-Mail: _____
Card #: _____ <i>(*full 16 digit card number)</i>	Card Type: <input type="checkbox"/> Visa Debit <input type="checkbox"/> ATM

BEFORE DISPUTING CHARGE YOU MUST MAKE EVERY EFFORT TO RESOLVE DISPUTE WITH THE MERCHANT DIRECTLY

Dispute Reason

- Check one box below that most closely matches your dispute reason.
- We are unable to process your dispute unless all of the required fields (*) are completed
- You must submit one dispute form for each charge if any of the dispute reasons below apply to the charges you are disputing; otherwise, complete the **Affidavit of Fraud** section of this form

- * Merchant Name _____ * Transaction Date _____
- * Transaction Amount \$ _____ * Dispute Amount \$ _____
- * Disputing more than one charge? Yes No *If yes then this is number ___ of ___ (e.g. 1 of 3)*

Please pick one of the dispute reasons below

- Cancellation dispute** (e.g. cancelled a membership/recurring charge or cancelled a hotel reservation)
- I cancelled this ___ *Recurring transaction or membership* ___ *Hotel Reservation* with the merchant on _____ (Date)
- *Transaction was cancelled by ___ E-mail request ___ Letter
(Please include a copy of your letter or email if cancelled one of these ways)
- *Transaction was cancelled by phone ___ *Spoke with _____
(Please include a copy of a phone bill showing call if this is a hotel reservation)
- * Reason for cancellation _____
- _____
- _____

*Were you advised of a cancellation policy? __Yes __No

*If Yes, please explain _____

*Cancellation number _____ (required if this is a hotel reservation)

*Describe your attempt to resolve the dispute with the merchant:

Returned merchandise dispute (You *must* attempt to return merchandise to use this reason—**please attach signed proof of return**)

*What was ordered? _____

*What was received? _____

*Reason for returning merchandise _____

*Was merchandise suitable for the purpose intended? _____

* If mailed, please provide the Return Merchandise authorization (RMA) number

* Shipping company _____

*Tracking number _____

*Describe your efforts to resolve the dispute with the merchant _____

Merchandise was not received

*Date merchant contacted _____

*What was the expected delivery date? ___/___/___ or Pickup date? ___/___/___

*Did you cancel with the merchant? No ___ Yes ___

If yes, when? ___/___/___ How? _____

*What was the merchandise that was ordered? _____

*Describe your efforts to resolve the dispute with the merchant _____

Duplicate Billing dispute

* Valid Transaction \$ _____ Date posted _____

* Invalid Transaction \$ _____ Date posted _____

*Describe your attempt to resolve with the merchant and the date of contact:

ATM Cash Not Received

- I made a single attempt and did not receive cash from the ATM
- I only received \$_____ out of my withdrawal for \$_____

Paid for Goods by Other Means (attach proof of your payment (e.g., a card statement, copy of canceled check, cash receipt)

Transaction was paid by one of the following means:

- Check Cash Other Card
- Other Please explain: _____

*Describe your attempt to resolve with the merchant and the date of contact: _____

Credit Transaction Posted as a Debit (you *must* attach a copy of the credit slip from the merchant)

*Credit for \$_____ posted to my account as a debit

* Transaction date _____

*Describe your attempt to resolve with the merchant and the date of contact: _____

Incorrect Transaction Amount (Attach copy of sales slip or receipt)

*The actual amount of the transactions was \$_____ but it posted from the account for \$_____ * Transaction Date _____

*Describe your attempt to resolve with the merchant and the date of contact: _____

Quality of Services Dispute (you *must include* copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts, estimates or other supporting documentation to exercise this dispute)



Affidavit of Fraud

The Affidavit of Fraud should be completed if someone other than you used your card or card number to make transactions without your knowledge or permission. You did not give your card number to this merchant or give anyone authorization to perform transactions with this merchant. (The card account will be closed.)

Cardholder Name:	Day Phone:	Account number:
Address:		City State: Zip:
Debit or ATM card was: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never received <input type="checkbox"/> In my possession		Card Number (full 16 digit number):
Was Law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police report number: _____ <i>*please attach a copy of the police report to this affidavit if filed</i>	
Date you discovered loss:	Date you reported loss to SPFB (and card closed):	Date of first fraudulent transaction:
<p>*Circumstances: Please explain to the best of your knowledge, how your card and/or card number was compromised. If your PIN number was used, tell us how your PIN may have been compromised(e.g. you gave this information over the phone or to a friend or family member)</p> <hr/> <hr/> <hr/> <hr/>		

List all unauthorized transactions below

Date of transaction	\$ Amount of transaction	Name of merchant
	Total of unauthorized transactions \$ _____	

I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my credit/debit/ATM card, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children made transactions on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card. Further, I may be required to comply with a court order or subpoena to give testimony. I give my consent to the bank to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

I declare under penalty of perjury that the foregoing is correct: Witnessed and Signed by Bank Officer

Signature of Claimant

Signature of Bank Authorized Bank Officer

Address

Title

To be completed by a Notary Public:

State of _____

County of _____

Signed and sworn to before me this
_____ day of _____

Notary: _____

My Commission Expires: _____