



1278 Rocky Point Drive · Oceanside, CA 92056  
800.736.4500 · frontwavecu.com

## Card Dispute Package

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Member email address: \_\_\_\_\_

Please check all boxes below that apply to your situation:

My payment did not post. (Please enclose a copy of the front and back of your cancelled check or money order.)

The credit did not post to my account. (Please enclose a copy of your credit slip bearing the account number, merchant name, date, and dollar amount.)

I was billed twice for a single purchase. (Describe the transaction in the statement form provided.)

I did not receive the merchandise. (Explain where the merchandise was supposed to be shipped to, the expected delivery date, and what attempts were made to resolve the matter with the merchant in the statement form provided.)

I was overcharged for the purchase. (Please enclose a copy of the signed sales receipt that includes your account number.)

The merchant will not give credit. (Please enclose a copy of your sales slip, and store credit receipt.) Visa regulations prohibit Card Services from assisting in this dispute if the sales slip reflects IN-STORE CREDIT or NO REFUNDS.

I would like a copy of a sales draft. (Describe the transaction and reason for your request in the statement form.)

I was charged for a hotel room that I had cancelled. (Please provide an explanation with full details on the statement form provided.) In order for us to process your dispute you **MUST** provide your cancellation number, or the person's name that accepted the cancellation, and the date of the cancellation.

I was charged for a hotel room that I neither made the reservation for, nor authorized the reservation to be made for me.

Paid by other means. (A transaction was paid by an alternate means and also posted to the cardholder's account. Please describe your attempts to resolve the matter with the merchant, and provide any documentation showing payment to the merchant by alternate means.)

My credit posted as a sale. (Describe transaction on the statement form, and provide a copy of the credit slip, and the date of the original charge.)

Merchandise is defective. (Describe the defect or damage, attempts to return the merchandise, and merchant's response.) This is for shipped merchandise only.

Merchandise has been returned. (Describe what was expected and received, reason for return, merchant response, and provide postal receipt or slip for return.)

Service- Membership cancelled. (Please enclose a copy of the letter that was provided to the merchant for cancellation.)

Service- Not rendered. (Indicate the nature of dispute on the statement form and your attempts at resolution.) Dispute must be more than \$50 and made within your home state or within 100 miles of your current mailing address. These restrictions do not apply to mail or phone order disputes. Include copies of all pages of repair bills, contracts or other supporting documentation. Other (Describe reason in detail on the member statement form provided.)

Transaction Date: \_\_\_\_\_ Transaction Amount: \$ \_\_\_\_\_

Merchant Name: \_\_\_\_\_

Transaction Reference Number: \_\_\_\_\_

(12 - 23 digits, as it appears on the statement)

- Was the merchant contacted about this discrepancy?      Yes                      No
- Date the merchant was contacted:
- Name and/or Title of the merchant representative you spoke with:

**Provide a detailed explanation for your dispute or inquiry** on the member statement area provided below. Description of the transaction(s) should be typed or clearly printed. Attach additional sheets if necessary. Please supply any documents that may support your dispute such as sales receipts, invoices or contracts. Signature is required.

**Member Statement (Detailed Explanation)**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_