

To dispute a Credit or Debit card transaction:

1. **Attempt to contact the merchant.** Prior to disputing charges, you must make every effort to resolve the dispute with the merchant. If contact has been made with no resolution or there is no means of contact, you must complete a Debit/Credit Card Dispute Form.
2. **Trial offer merchants often enroll you into other offers when you accept and agree to their terms and conditions.** LFCU suggests that you contact these merchants and request a credit. Ask for a supervisor if needed when you contact the merchant. Most trial merchants will issue a credit within the first 30 days.
3. **Transactions must be submitted for dispute within sixty days of the transaction date due to MasterCard and VISA regulations.**
4. **The Debit/Credit Card Dispute Form must include copies of documentation to support your dispute.** MasterCard International requires documentation to substantiate disputes, therefore detailed information is required. The Credit Union will need the signed form stating the efforts and results of your contact with the merchant, copies of proof of returns, credit slips, cancellation numbers, and date cancelled where applicable. If the appropriate documentation is not supplied, it may result in a processing delay and/or delayed issuance of a provisional credit.
5. **Submitting the dispute form.** Once the form is received and we have all the documentation, we will process the dispute and provide a provisional credit to the account within 1-2 business days.
 - Dispute forms can be submitted at any of our branch locations
 - Faxed to 757-825-7522
 - Mailed to PO Box 7463, Hampton VA 23666-0463
 - Emailed to memberservices@langleyfcu.org (**For security reasons** please omit your member number and provide the last eight digits of your card number when using this method)
6. **Questions:** If you have any questions please contact the Plastic Card Department at 757-825-7122 or 1-800-826-7490 extension 7122 or by email to memberservices@langleyfcu.org.

Debit/Credit Card Dispute Form

(Only One Form per Merchant)

Debit/Credit Card # _____ Date _____

Member Name _____ Member # _____

Member Phone # _____ Email Address _____

Prior to disputing charge(s), you must make every effort to resolve the dispute with the merchant.

Merchant Name _____

Amount \$ _____ Post Date _____ Amount \$ _____ Post Date _____

Amount \$ _____ Post Date _____ Amount \$ _____ Post Date _____

Select Type of Dispute (Check ONLY one)

- Do not recognize** – Please attempt to contact the merchant prior to disputing the charge.
 - Merchant was contacted on (mm/dd/yy) ____/____/____
 - What was the outcome from contacting the merchant? _____

- Free Trial Offer** – You must contact the merchant prior to disputing the charge, and you must provide proof of cancellation within the free trial period.
 - Item(s) ordered _____
 - Method of enrollment (Mail, Phone or Internet) _____
 - Free trial enrollment date (mm/dd/yy) ____/____/____
 - Free trial offer was good through (mm/dd/yy) ____/____/____
 - Cancellation date (mm/dd/yy) ____/____/____ Cancellation # _____
 - Merchandise was returned (mm/dd/yy) ____/____/____ **Please attach proof of return (postal receipt)**
 - Merchant's response _____

- Membership Cancellation** – Please provide a copy of **letter, email** or **fax** notifying the merchant of cancellation.
 - Merchant was notified on (mm/dd/yy) ____/____/____
 - Reason for cancellation _____
 - Cancellation date (mm/dd/yy) ____/____/____ Cancellation # _____
 - Were you advised of a cancellation policy? Yes _____ No _____
If yes, what were you told? _____

Double Posting - Please attempt to contact the merchant prior to disputing the charge. Only one transaction is valid but posted more than once. **All cards issued to me are in my possession**

- Valid transaction amount \$ _____ Post date (mm/dd/yy) ____/____/____
- Invalid transaction amount \$ _____ Post date (mm/dd/yy) ____/____/____

Merchandise was returned – You **must** attempt to return the merchandise prior to exercising this right. **Please attach signed proof of return, credit slip or postal receipt.**

- Item(s) ordered _____
- Reason for return _____
- Merchandise was received (mm/dd/yy) ____/____/____
- Merchandise was returned (mm/dd/yy) ____/____/____
- Merchant's comment _____

Merchandise not received – Please attempt to contact the merchant prior to disputing the charge.

- Item(s) ordered _____
- Expected delivery date (mm/dd/yy) ____/____/____
- Contacted merchant (mm/dd/yy) ____/____/____
- Merchant's response _____

I was overcharged for the purchase – Please include a copy of the signed sales receipt.

- Valid transaction amount \$ _____ Post date (mm/dd/yy) ____/____/____

Credit did not post to my account – Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

Paid by another method – You **must** provide proof of different payment method.

- Merchant was notified on (mm/dd/yy) ____/____/____
- Merchant's response _____

Other – Please include a **detailed** description of your dispute, and the steps taken to resolve it with the merchant on a **separate sheet** and **attach** it to this form.

I understand LFCU will place a **temporary credit** in the account mentioned above; however, if I do not provide all documents/information requested by PSCU (Langley's Dispute Processor) including a notarized affidavit (if required), the **credit will be reversed**. Member's Initials (required) _____

Member's Signature (required) _____ Date _____

Financial Service Officer's Signature _____ Operator # _____ Date _____