

Cardholder Dispute Form

UNAUTHORIZED / DISPUTED ELECTRONIC FUNDS TRANSACTIONS DECLARATION

Name _____ Daytime Phone Number _____
KeyPoint CU Account Number (**Last four digits only**): _____ VISA Card Number (**Last four digits only**): _____
Transaction Date _____ Merchant Name _____
Transaction Amount \$ _____ Dispute Amount \$ _____

For additional transaction disputes, please fill out **FORM B** and attach.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION SUPPLIED ON THIS DISPUTE FORM IS TRUE AND CORRECT.

Cardholder/Account Owner Signature _____ Date _____

Cardholder/Account Owner Signature _____ Date _____

Please check the appropriate box below that matches your dispute type the closest. Your signature above is required. Return this form and any supporting documents within 10 days so that your dispute can be processed in a timely manner. Please answer all appropriate questions below. **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.

Transaction not recognized by cardholder

Additional Information is required from merchant to identify the transaction. Not to be used if transaction is confirmed fraudulent.

Cancellation dispute:

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

*Date of Cancellation: _____ Spoke with: _____

Cancellation number: _____ Reason: _____

I cancelled this recurring transaction with the merchant on (Date): _____ How _____

*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/Voucher or a Refund Acknowledgement that has not been posted, please provide:

Date of Credit Slip: _____ Invoice/Receipt Number of the Credit: _____

*Describe your attempt to resolve with the merchant: _____

Did the merchant refuse to accept returned merchandise or provide a return authorization?

Check 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:

- 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 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 this transaction posted for \$

should have posted for \$

*Describe your attempt to resolve with the merchant: _____

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 different between what was ordered and what was received or provide a copy of the written purchase order. What was defective or why was the purchase unsuitable for your needs?: _____

*Date cardholder received merch. or service: _____

*Date merchandise returned: _____ Date received by merchant: _____

If mailed, Return Merchandise Authorization Number: _____

*Shipping Company: _____ Tracking Number: _____

If you have a Credit Slip/Voucher or a Refund Acknowledgement that has not been posted, please provide:

*Date services cancelled: _____ How? _____

Did the merchant refuse to accept returned merchandise or provide a return authorization?

Check one:

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

*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 it:

Transaction reference number: _____

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

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

Shared Deposit, performed but not processed, or processed incorrectly:

Transaction reference number: _____ Date of Transaction: _____

Did not receive funds

I made a single attempt to load \$ _____ and did not receive the funds.

Did not receive correct amount of funds.

I made a single attempt to load \$ _____ and received a partial amount of \$ _____

Shared Deposit, no document 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: _____

Shared Deposit, Invalid Adjustment

A Shared Deposit Adjustment is disputed by the Cardholder or Issuer.
Please provide details for the check box below:

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

Additional Information: Please use an additional sheet of paper, if necessary.

*(asterisk) Denotes required information for the dispute

Only completed and signed forms will be processed. Signatures must be by the member whose card was involved with the dispute. Upon completion of this form, please send it to us by one of the following options:

Email To: DisputeForm@kpcu.com OR

Fax To: (408)731-4008 Attn: DISPUTES OR

Mail To: **KeyPoint Credit Union**
Attn: DISPUTES
2150 Trade Zone Blvd, Suite 200
San Jose, CA 95131

For KeyPoint Credit Union use only: Account was stasured on _____

Check one: L - Lost S - Stolen N - Not Received X - Counterfeit F - Other Fraud

FRAUDULENT TRANSACTION DISPUTE FORM

Name: _____

VISA Card Number (Last four digits only): _____

I certify that my Visa card was:

- Lost (0)
 Stolen (1)
 Card not received (2)
 Counterfeit, card present (4)
 Card still in my possession (6)

and the following transactions were not made by me or anyone authorized to use my Visa card.

1. Date:	Amount:	Merchant:
_____	_____	_____
2. Date:	Amount:	Merchant:
_____	_____	_____
3. Date:	Amount:	Merchant:
_____	_____	_____
4. Date:	Amount:	Merchant:
_____	_____	_____
5. Date:	Amount:	Merchant:
_____	_____	_____
6. Date:	Amount:	Merchant:
_____	_____	_____
7. Date:	Amount:	Merchant:
_____	_____	_____
8. Date:	Amount:	Merchant:
_____	_____	_____
9. Date:	Amount:	Merchant:
_____	_____	_____
10. Date:	Amount:	Merchant:
_____	_____	_____
11. Date:	Amount:	Merchant:
_____	_____	_____
12. Date:	Amount:	Merchant:
_____	_____	_____
13. Date:	Amount:	Merchant:
_____	_____	_____
14. Date:	Amount:	Merchant:
_____	_____	_____
15. Date:	Amount:	Merchant:
_____	_____	_____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.

I certify that I did not use and that I did not authorize anyone else to use my card for the Disputed Transactions identified above. I also certify that I did not receive any value or benefit in connection with the Disputed Transactions. I have made available above all information and suspicions I have about the Disputed Transactions, including any information regarding the identity of the person who wrongfully used my card for the Disputed Transactions. I authorize you to share the above information with law enforcement, banking regulators and other third parties in connection with any investigation of the Disputed Transactions, including any criminal investigation. I agree to cooperate in any such investigation and in the prosecution of any person believed to be responsible for fraudulently using my card.

I certify that the information in this Fraudulent Transaction Dispute Form is true and correct.

Cardholders Signature _____ Date _____

KeyPoint Account Operations Department use only:

As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s). In addition we certify the following information: Issuer certifies account was closed ___/___/____. Issuer certifies fraud was reported on DPS VROL ___/___/____. Issuer certifies account was placed on the Exception File, with a pickup code on ___/___/____. Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

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