

## NOTIFICATION OF DISPUTED TRANSACTION

Cardholder's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

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

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form using blue or black ink. This form must be received at Willis Credit Union within 60 days of the closing date as printed on your statement. Please include a copy of your statement underlining the disputed transaction.

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

Disputed Amount: \$ \_\_\_\_\_ Reference #: \_\_\_\_\_

Merchant's Name: \_\_\_\_\_

I contacted the merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) in an attempt to resolve this dispute. Their response was:  
\_\_\_\_\_

I certify that to the best of my knowledge, the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge.

I certify that to the best of my knowledge, I did not participate in nor authorize the above referenced mail order or telephone order transaction(s). I understand that no signed or imprinted sales slip copy is available for verification purposes.

Although I did participate in a transaction with the merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not participate in, nor did anyone else authorized to use my card. I have all of my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.

I have not received the merchandise that was to have been shipped to me. Expected date of delivery was \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy.)

I have returned merchandise on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) because \_\_\_\_\_. Please provide proof of return, such as a copy of the UPS, FedEx, or certified mail receipt. (This is required.)

The attached credit slip was listed as a charge on my statement.

I was issued a credit slip for \$ \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy), which did not appear on my statement. A copy of the credit slip is enclosed.

Merchandise, which was shipped to me, arrived damaged and/or defective on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy). I returned it on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy). A copy of my credit slip and/or postal receipt is enclosed.

I have been billed an incorrect amount. My credit card receipt shows \$ \_\_\_\_\_. However, I was billed \$ \_\_\_\_\_. (Please send a copy of your sales receipt.)

I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$ \_\_\_\_\_. (Please send a copy of your sales receipt.)

I notified the merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) to cancel the preauthorized order (reservation). My cancellation number is \_\_\_\_\_. I was/was not (circle one) informed of the cancellation policy when I made the reservation. The reason I cancelled was: \_\_\_\_\_. (If you do not have a cancellation number, please provide a copy of your phone bill showing both the date and time of the reservation, and the cancellation call.)

I cancelled the subscription/membership/policy (circle one) which was charged to my account by the above referenced merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy). I cancelled the charge prior to the transaction date.

The transaction was paid by other means. (Please provide a copy of your cash receipt, or the front and back of your cancelled check, or a copy of your statement if another credit card was used.)

To expedite the processing of your dispute, **DO NOT** mail this form with your payment.  
Please remember to include the documentation to support your dispute.

**DISPUTE/FRAUD COVER SHEET**

**\*ALLOW CERTEGY AT LEAST 3 BUSINESS DAYS TO BEGIN PROCESSING\***  
**Entire dispute process may take up to 210 days (US) and 310 days (International)**

**ATTN:** Customer Services Written/Fraud  
**FAX:** 1-727-570-8810  
**PHONE:** Disputes 1-800-600-5249  
Fraud 1-800-808-7239

**FROM** (*Institution Name*) : Willis Credit Union  
**FAX:** 615-872-6388  
**PHONE:** 615-872-6382  
**DATE SUBMITTED:**  FS  SA  IC/Debit  PTPlus

**CARD#:**

**(PLEASE USE THE CARD NUMBER ON WHICH THE DISPUTED CHARGES APPEAR)**

**CARDHOLDER NAME:** (please print)  
**(FIRST)** \_\_\_\_\_ **(LAST)** \_\_\_\_\_  
**TRANSACTION DATE:** \_\_\_\_\_ **POST DATE:** \_\_\_\_\_  
**TRANSACTION AMOUNT:** \$ \_\_\_\_\_ **DISPUTE AMOUNT:** \$ \_\_\_\_\_  
**MERCHANT NAME:** \_\_\_\_\_

**CHECK ONE:**

- CARDHOLDER DISPUTE**
- INSTITUTION REQUESTS CHARGEBACK**  
*REASON:* \_\_\_\_\_

*STATUS OF ACCT:* (circle one)    \*Closed    \*Delinquent    \*Acct # Not On File

- REQUEST COPY OF SALES SLIP ONLY** → CHARGE BACK IF NOT RECEIVED     **YES**     **NO**
- LOST/STOLEN/FRAUD** → *STATUS CODE:* \_\_\_\_\_    *DATE STATED:* \_\_\_\_\_

**ADDITIONAL FRAUD ITEMS**

CARD #:

CARDHOLDER NAME: (please print)

(FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

TRAN DATE	POST DATE	AMOUNT	MERCHANT NAME
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
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_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

## **DISPUTE/FRAUD COVER SHEET INSTRUCTIONS**

1. Please make several copies of the Dispute Control Sheet
2. One Dispute Control Sheet should be completed for every card number and every disputed transaction except fraud.
3. Every dispute must have this cover sheet preceding your documentation.
4. Fax all dispute documentation including the dispute cover sheet, a cardholder letter with any other related documentation regarding the cardholder dispute.
5. A copy of the "Affidavit of Fraud " should be sent to the cardholder when a cardholder has reported fraudulent charges have posted to their account.
6. The cardholder should either fax or mail the affidavit to Certegy at the fax number or address below.

### **CARDHOLDER DISPUTES/FRAUD DISPUTES ("f" BLOCK)**

**CERTEGY FAX NUMBER: 1-608-836-2290**

**PO BOX 8982**

**MADISON, WI 53791**

**Please include a cardholder letter containing the following information with your dispute control sheet:**

- ***Cardholder's name & signature (on unauthorized transactions)***
- ***Account number***
- ***Transaction Amount(s), Purchase Date(s), & Merchant Name(s)***
- ***Explanation of why he/she is disputing the charge(s)***
- ***What steps have been taken to resolve the dispute with the merchant (only if the cardholder participated in the transaction)***
- ***Include copies of any pertinent documentation to help prove cardholder's case (receipts, brochures, proof of return, etc.)***

The **ONLY** exceptions occur when an account is closed and you are trying to recover charges still posting to that account or a charge is posting to a non-matching card number never issued by your institution. According to Visa and MasterCard regulations, the letter should describe the nature of the dispute and what he or she has done to remedy the problem with the merchant.

Visa and MasterCard Regulations govern the entire dispute process. If further documentation or clarification is needed, you will receive a written request for the information. When additional information is required, the dispute process may be delayed.