

Cardholder Dispute Form (Non-PIN Based / Signature Transaction)

Card Number _____	Page _____ of _____
Date _____	Account _____
Cardholder Name _____	Daytime Phone _____
Merchant Name _____	Amount _____
Card Number _____	Transaction Date _____

Check the ONE category that best describes your dispute:

- I did not participate or authorize this transaction and
- My card is in my possession or My card was lost or stolen at the time of the transaction

Safe / Fraud Reporting – Upon initiating any fraud-related chargeback (reason codes MC 4837, 4840, 4847 and Visa 81, 83, 57), the appropriate fraud reporting option must be chosen below:

- 00 – Lost card
- 01 – Card stolen
- 02 – Card not received: Cardholder asserts that they never received card in the mail.
- 03 – Fraudulent application: Cardholder asserts that he never completed an application for the card (There are no chargeback rights for this issue).
- 04K – Counterfeit convenience check
- 04N – Counterfeit PIN not used: Cardholder still has card in possession and transaction is card present. Note: Not to be used on MCC 5542.
- 05 – Account takeover: Cardholder asserts that an unauthorized person contacted the bank and had the address and other information updated to their own. (There are no chargeback rights for this issue)
- 06 – Fraudulent use (MOTO, CNP): Cardholder did not authorize or participate in a mail/phone/e-commerce transaction. Can also be used for key-entered transaction when another code does not apply.
- 07 – Imprinting of multiple drafts: For reason codes MC 4840 and Visa 67. Verify use based on cardholder documentation. status of card and transaction type.

- I paid for this purchase another way, but it still posted on my statement. I am providing:
 - A cash receipt Copies of both sides of a canceled check A copy of the statement where the charge appears
- This charge posted to my account twice, but I only authorized one purchase. The valid charge posted on ___/___/____. My card is still in my possession.
- I have been charged an incorrect amount. My receipt shows \$_____. However, I was charged \$_____. Please provide a copy of the sales receipt.
- I notified the merchant on ___/___/____ to cancel the preauthorized order/car rental/hotel reservation. My cancellation number is _____. I was / was not (circle one) informed of the cancellation policy when I made the order / reservation. The reason I cancelled was: _____.
- I have returned merchandise to the merchant. A copy of my credit slip is enclosed.
- I have not received the expected goods or services. The expected date of delivery/completion was ___/___/____. I have contacted the merchant and the response was _____.
- The merchandise received was not as described, poor quality, damaged, or unsuitable for the purpose intended. I returned the merchandise on ___/___/____. I have contacted the merchant and their response to the return was _____.
- The charge listed was a single transaction but has posted _____ times to my account.
- The charge listed was paid previously by another method. I am enclosing proof. I have tried to resolve this with the merchant.



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This form has been provided for your convenience. If you believe that a transaction on your statement is in error you can use this form to contact us. Regulations require that you notify us in writing within 60 days from the statement billing date of the disputed charge. Any response received after this time frame may result in our inability to assist you with your dispute. **Please be advised that Visa requires that attempts be made to resolve your dispute with the merchant before notifying us.** Please fill out this form, attach all supporting documentation and either mail, fax or return in person to one of our locations. Our address is: HealthShare Credit Union 1200 North Elm Street Greensboro, NC 27401. Our fax is: 336.832.8129. **Only one dispute per form please.**

Required Transaction Information: Provide any documentation to support your claim (i.e. copy of sales receipts, credit refund slip, sales contract, cancellation policy for company, hotel reservation cancellation number, statement listing transaction, etc.).

NON-FRAUD Claims:

Visa regulations require that an attempt to contact the merchant to resolve the dispute transaction(s) be made PRIOR TO our institution getting involved.

I attempted to contact the merchant on ___/___/____. The outcome of that contact was:

For FRAUD or OTHER disputes, please provide a detail account of your dispute:

Cardholder Signature: _____

Date: ___/___/____

Printed Name: _____

State of: _____
County of: _____

Subscribed and sworn to before me this
_____ day of _____, 20__

Notary Public

For credit union use only: