

NOTIFICATION OF DISPUTED CARD CHARGES



Cover Page (internal use only)

In order for Bay Federal Credit Union to attempt to recover funds on the cardholder's behalf, the cardholder must first attempt to find a resolution with the Merchant. **Failure to do this prior to filing a Disputed Card Charge case can result in the denial of the claim, unless the dispute is regarding an ATM transaction.**

Staff Instructions: Complete the fields on this Cover page with the cardholder present, and follow the additional instructions below.

Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Cardholder address			
Cardholders preferred method of contact during business hours, if we have questions about the case. Phone _____ Email _____			
How were the disputed transaction performed? VISA Credit Card VISA Debit Card			
Merchant Name			

DISPUTED TRANSACTIONS		
Original transaction date	Original transaction amount	Disputed transaction amount
Original transaction date	Original transaction amount	Disputed transaction amount
Original transaction date	Original transaction amount	Disputed transaction amount
Original transaction date	Original transaction amount	Disputed transaction amount
Original transaction date	Original transaction amount	Disputed transaction amount

Staff Instructions continued: When you've completed the form fields above with the Cardholder present:

1. Select a check box below to choose one of the Dispute Reasons.
2. Save this document.
3. Click on the associated Dispute Reason hyperlink to open the correct "Dispute Details" page.
4. Print the associated Dispute Details page for the Cardholder to complete at their leisure. Do not print this Cover page or provide it to the Cardholder

Reason #1: [Cardholder did not receive merchandise or service from the Merchant](#)

Reason #2: [Cardholder canceled reoccurring transaction\(s\) with the Merchant](#)

Reason #3: [Cardholder paid for these charges by other means](#)

Reason #4: [Cardholder received merchandise or services from the Merchant but there is an issue with it/them](#)

Reason #5: [Cardholder has not received an expected Credit from the Merchant for these charges](#)

Reason #6: [The Merchant charged Cardholder the wrong amount](#)

Reason #7: [Cardholder was charged two or more times from the Merchant for the same purchase](#)

Reason #8: [Cardholder did not receive some or all of the cash from an ATM withdrawal transaction](#)

Reason #9: [Cardholder deposited funds at the ATM and did no receive some or all of the credit.](#)

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Dispute Details page (Cardholder use)



Making a real difference

3333 Clares Street, Capitola, CA 95010
831.479.6000 | 888.4BAYFED | www.bayfed.com
FAX: 831.600.3403

Favor de completar esta forma en ingles!

In order for Bay Federal Credit Union to attempt to recover funds on your behalf, you (Cardholder) must first attempt to find a resolution with the merchant. **Failure to do this prior to filing your case can result in the denial of your claim, unless your dispute is regarding an ATM transaction.**

Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Merchant Name			
Dispute Reason: I DID NOT RECEIVE MERCHANDISE OR SERVICES FROM THIS MERCHANT			
What was purchased? Merchandise Service			
Please describe in detail what merchandise or service was expected:			
Date of expected delivery	Was the Merchant unwilling or unable to provide the service or merchandise to you? Yes No		
If you selected Yes above please describe the circumstances that the Merchant was unable to provide your merchandise or service:			
Last date of Merchant contact	Method of contact Phone Email Chat		Who did you speak with?
Please describe in detail your attempt to resolve with the Merchant.			
What was the Merchant's last response? (If no response please describe)			
I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.			
Member Signature X _____			Date:

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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Merchant Name			
Dispute Reason: I CANCELED REOCCURRING TRANSACTION(S) WITH THIS MERCHANT			
Date of Cancellation	Method of Cancellation Phone Email Chat Written Letter		Who did you speak with?
Were you provided with a Cancellation Policy? Yes No		If Yes, what was the policy?	
Were you provided with a Cancellation Number? Yes No		If Yes, what was the Cancellation Number?	
What was the reason you canceled?			
Last date of Merchant contact	Method of contact Phone Email Chat		Who did you speak with?
Please describe in detail your attempt to resolve with the Merchant.			
What was the Merchant's last response? (If no response please describe)			
I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.			
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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Merchant Name			
Dispute Reason: I PAID FOR THESE CHARGES BY OTHER MEANS			
What was the other method used to make the payment?			
Check	Another credit/debit card	Cash	Other: _____
Were you provided with a transaction receipt?			
Yes	No		
Last date of Merchant contact	Method of contact	Who did you speak with?	
	Phone Email Chat		
Please describe in detail your attempt to resolve with the Merchant.			
What was the Merchant's last response? (If no response please describe)			
Please provide a copy of the canceled check, your receipt for the cash purchase, or your copy of the bank statement for your other credit or debit card showing the purchase.			
I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.			
Member Signature			Date:
X			

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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Merchant Name			
Dispute Reason: I RECEIVED MERCHANDISE OR SERVICES FROM THIS MERCHANT, BUT THERE IS AN ISSUE WITH IT/THEM			
What was purchased? Merchandise Service(s)			
Please describe in detail what merchandise or service was expected			
What about the merchandise or service did not match the Merchant's description and/or your expectations?			

PLEASE COMPLETE THE FOLLOWING SECTION FOR MERCHANDISE ISSUES:

Date of delivery	Did you return the Merchandise? Yes No	Date of Return	Return Authorization Number (If provided)
Date received by Merchant	Shipping Company	Tracking Number	
Did the Merchant refuse to accept your merchandise return? Merchant refused to provide authorization for the return Merchant refused to accept the shipment of the returned merchandise Merchant told me not to return the Merchandise			

PLEASE COMPLETE THE FOLLOWING SECTION FOR SERVICE(S) ISSUES:

Date Service was canceled	Method of cancellation Phone Email Chat Written Letter	Who did you speak with?
Were you provided with a Cancellation Number? Yes No		If Yes, what was the Cancellation Number?

PLEASE COMPLETE THE FOLLOWING SECTION FOR EITHER SITUATION:

Last date of Merchant contact	Method of contact Phone Email Chat	Who did you speak with?
Please describe in detail your attempt to resolve with the Merchant.		
What was the Merchant's last response? (If no response please describe)		
I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.		
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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Merchant Name			
Dispute Reason: I HAVE NOT RECEIVED AN EXPECTED CREDIT FROM THIS MERCHANT FOR THESE CHARGES			
Did you return Merchandise to the Merchant? Yes No			
If No, why are you expecting a Credit?			

PLEASE COMPLETE THE FOLLOWING SECTION FOR MERCHANDISE ISSUES:

Date of delivery	Did you return the Merchandise? Yes No	Date of Return	Return Authorization Number (If provided)
Date received by Merchant	Shipping Company	Tracking Number	
Did the Merchant refuse to accept your merchandise return? Merchant refused to provide authorization for the return Merchant refused to accept the shipment of the returned merchandise Merchant told me not to return the Merchandise			
If return was in person, do you have a receipt for the credit? Yes No			

PLEASE COMPLETE THE FOLLOWING IF YOU DID NOT RETURN THE MERCHANDISE:

Did the Merchant charge you again instead of issuing a Credit? Yes No	Date of additional charge
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PLEASE COMPLETE THE FOLLOWING SECTION FOR EITHER SITUATION:

Last date of Merchant contact	Method of contact Phone Email Chat	Who did you speak with?
Please describe in detail your attempt to resolve with the Merchant.		
What was the Merchant's last response? (If no response please describe)		
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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Merchant Name			
Dispute Reason: THIS MERCHANT CHARGED ME THE WRONG AMOUNT			
Expected transaction amount:		Actual amount charged	
Were you provided with a transaction receipt? Yes No			
Last date of Merchant contact	Method of contact Phone Email Chat		Who did you speak with?
Please describe in detail your attempt to resolve with the Merchant.			
What was the Merchant's last response? (If no response please describe)			
Please provide a copy of any receipt that you received from the Merchant.			
I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.			
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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
Merchant Name			
Dispute Reason: THIS MERCHANT CHARGED ME TWO OR MORE TIMES FOR THE SAME PURCHASE			
Date of first transaction	Date of second transaction	Date of third transaction	Date of fourth transaction
Last date of Merchant contact	Method of contact Phone Email Chat	Who did you speak with?	
Please describe in detail your attempt to resolve with the Merchant.			
What was the Merchant's last response? (If no response please describe)			
I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.			
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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
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Merchant Name

Dispute Reason: I DID NOT RECEIVE SOME OR ALL OF THE CASH FROM AN ATM WITHDRAWAL TRANSACTION
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Amount requested	Actual amount dispensed
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Choose one of the following I only made one attempt I made multiple attempts and only received cash on one of them
--

Did you receive transaction receipt? Yes No	If Yes, what is the transaction Reference Number?
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Please provide a copy of any receipt that you received from the ATM.

I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.

Member Signature X	Date:
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Cardholder Name	Member Number	Last four digits of Card Number	Today's date
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ATM Location/ATM Number

Dispute Reason: I DEPOSITED FUNDS AT THE ATM AND DID NO RECEIVE SOME OR ALL OF THE CREDIT

Amount	Actual	Deposit Type Cash Check
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Did you receive transaction receipt? Yes No	If Yes, what is the transaction Reference Number?	Account Number to be credited
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Please describe in detail what happened when depositing at the ATM. For check deposits: please include details such as who the check was made payable to.

Please provide a copy of any receipt that you received from the ATM.

I attest that the information provided is true and accurate to the best of my knowledge. I understand that not all cases will result in funds returned to my account.

Member Signature X	Date:
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