

Debit/Credit Card Dispute Form

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.** St. Paul Federal Credit Union 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 VISA regulations.**
 - 4. The Debit/Credit Card Dispute Form must include copies of documentation to support your dispute.** VISA Regulations require 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. Fraudulent Transactions.** If the transactions posted to the account were fraudulent, you are not required to contact the merchant directly, however, you are required to complete the Dispute Form in its entirety.
 - 6. Submitting the dispute form.** Once the form is received and we have all of the documentation, we will process the dispute and provide a provisional credit to the account within 1-2 business days. Both pages of the Dispute Form are required to be completed.
 - Dispute forms can be submitted at any of our branch locations
 - Faxed to 651-772-8787
 - Mailed to St. Paul Federal Credit Union, 1330 Conway St., Suite 200, St. Paul, MN 55106
 - Emailed to disputes@stpaulfcu.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 regarding this request please contact the Dispute Department at **651-772-8744** or **1-800-782-5767** or by email to disputes@stpaulfcu.org.

Debit/Credit Card Dispute Form

(Only One Transaction per Line)

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 _____
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Merchant Name: _____	Amount \$ _____	Post Date _____

Select Type of Dispute (Check **ONLY** one)

- Fraud** – I have not authorized or participated in this transaction(s).
 - My Card was: Stolen Lost Never Received Still in my possession
- Do not recognize** - Please attempt to contact the merchant prior to disputing the charge.
 - Merchant was contacted on (mm/dd/yyyy) _____
 - 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?
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.

- ATM Withdrawal Incorrect.** Amount Requested \$ _____ Amount Received \$ _____

- 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 St. Paul Federal Credit Union will place a temporary credit in the account mentioned above; however, if I do not provide all documents/information requested by St. Paul Federal Credit Union, or their affiliated processors including a notarized affidavit (if required), the credit will be reversed.

Member's Initials
(Required)

Member's Signature (required) _____ Date _____

Credit Union Use Only – Below this Line

Request Accepted by _____ Operator # _____ Date _____

Accounting Staff Submit Form to FDR at: 402-934-3827

Provisional Credit Posted by _____ Operator # _____ Date _____

Form Submitted to FDR by _____ Operator # _____ Date _____