LANDINGS
CREDIT UNION

Cardholder Dispute Form

Cardholder Name: _____   Visa Card Number: _____

Transaction Date: _____   Merchant Name: _____

Transaction Amount: _____

_____   _____
Cardholder Signature   Date

Please check the appropriate box below that matches your dispute type the closest.
Return this form and any supporting documents 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?   ◯ No   ◯ Yes   If yes, please explain: _____

*Date of Cancellation: _____

*Method of Cancellation: _____   Name of Contact, if applicable: _____

*Cancellation Number: _____   Reason for Cancellation: _____

☐ **Returned Merchandise Dispute**   *Date Returned: _____   *Date Received by Merchant: _____

If mailed, **Return Merchandise Authorization Number (RMA)**: _____

Shipping Companies Name: _____   Tracking Number: _____

Reason for Return: _____

If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

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

*Describe your attempt to resolve with the merchant, including date of last contact: _____

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   *Describe your attempt to resolve with the merchant, including date of last contact: _____

☐ Merchant informed cardholder not to return the merchandise

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Cardholder Name: _____   Visa Card Number: _____

☐ **I Cancelled This Recurring Transaction with the Merchant**   Date: _____   Method of Cancellation: _____

Describe your attempt to resolve with the merchant, including date of last contact _____

☐ **I Paid for These Goods or Services by Other Means**   NOTE: If selecting this dispute reason, <u>you must supply a copy of the proof of other means of payment</u>. Proof can include another bank card statement, copy of the front/back of canceled check or a cash receipt.

☐ Check   ☐ Cash   ☐ Other Bank Card   ☐ Other

*Describe your attempt to resolve with the merchant, including date of last contact _____

☐ **Non-Receipt of Goods or Services**

*Check One: ☐ Merchandise not Received   ☐ Service not Received

Describe in detail what merchandise or service was ordered. _____

*I expected Delivery/Service on: _____   *Merchant unwilling or unable to provide service?   ☐ Yes   ☐ No   If yes, please explain _____

*Describe your attempt to resolve with the merchant, including date of last contact _____

*Merchant Response: If no Merchant Response, please 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, including date of last contact _____

☐ **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, including date of last contact _____

Cardholder Name: _____   Visa Card Number: _____

☐ 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 _____

☐ Quality of Service or Goods, Defective Merchandise or Not as described

*Check One: ☐ Merchandise Was Defective or Not as Described   ☐ Service was defective or Not as Described

*Describe the difference between what was ordered and what was received or provide copy of written purchase order. What was defective or why the purchase is unsuitable for your needs. _____

*Date cardholder received merchandise or service: _____   *Date merchandise returned: _____   *Date received by merchant: _____

If mailed, Return Merchandise Authorization #: _____   Shipping Company: _____   Tracking # _____

If you have received a credit slip or voucher or a refund acknowledgement that has posted, please provide with dispute.

*Date Services Cancelled: _____   *Method of Cancellation: _____

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, including date of last contact _____

☐ Shared Deposit, Performed but not Processed or Processed Incorrectly

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 amount of funds not received).

Transaction Reference #: _____   *Date of Transaction: _____

Did not receive funds. I made a single attempt to load _____ and did not receive funds.

Did not receive the correct amount of funds. I made a single attempt to load _____ and received a partial amount of _____

☐ Shared Deposit, No Documentation Received for Deposit Return Item

Issuer did not receive returned item documentation within 10 calendar days of returned item Adjustment transaction date.

Transaction Reference #: _____   *Date of Transaction: _____

Cardholder Name: [ ]   Visa Card Number: [ ]

☐ 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

*Date of Transaction: [ ]   *Date of Adjustment: [ ]

☐ Adjustment Processed More Than Once