GEORGIA power FEDERAL CREDIT UNION

Cardholder Dispute Form

RETURN TO MEMBER SERVICES FAX#: 770-396-0777 OR EMAIL: MEMBERSERVICES@GPFCU.ORG

Credit/Debit Account # _____ Cardholder Name _____
(16 Digit Card Number)

Cardholder Phone #_____ Disputed Amount $_____ Post Date _____

Merchant Name_____ Disputing more than one item? Yes ___ No ___

If Yes, then this is number ___ of ___ (e.g. 1 of 3) ONLY ONE TRANSACTION PER FORM

Email Address _____

SIGNATURE REQUIRED _____

BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT.

Select Type of Dispute (Check ONLY one)

☐ **Did not recognize –** Please attempt to contact the merchant prior to disputing the charge.

- When did the Cardholder contact the Merchant? (mm/dd/yy) ____/____/____
- What was the outcome of the merchant contact? _____

I was billed twice for a single purchase – Cardholder certifies one transaction is valid, but posted more than once. **All cards issued to me are in my possession**

- Valid Transaction $_____ Post date (mm/dd/yy) ____/____/____
- Invalid Transaction $_____ Post date (mm/dd/yy) ____/____/____

☐ **Membership Cancellation –** Please enclose copy of **letter, email, or fax** informing the merchant of cancellation.

- When did the cardholder contact the merchant? (mm/dd/yy) ____/____/____
- Reason for cancellation? _____
- Date of cancellation (mm/dd/yy) ____/____/____ Cancellation # _____
- Were you advised of a cancellation policy? Yes _____ No _____

If Yes, what were you told? _____

☐ **Merchandise was returned -** You **must** attempt to return the merchandise prior to exercising this right. **Please attach signed proof of return or credit slip**.

- What was ordered? _____
- What was received? _____
- Reason for returning _____
- Was merchandise suitable for the purpose intended?_____
- Merchant's response _____

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☐ **I did not receive the merchandise -** Please contact the merchant and notify us of the outcome.

- When did the Cardholder contact the merchant? (mm/dd/yy) ____/____/____
- What was the outcome of the merchant contact?_____
- What was the expected delivery date? (mm/dd/yy) ____/____/____ Pickup date? (mm/dd/yy) ____/____/____
- Did the Cardholder cancel with the merchant? No ____ Yes ____

If yes, when? ____/____/____ How? _____

- What was the merchandise that was ordered? _____

☐ **I was overcharged for the purchase -** Please include a copy of the signed sales receipt.

☐ **My credit posted as a sale -** Please attach a copy of the credit slip and the original sales slip.

☐ **The 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.

☐ **I paid by other means -** You **must** provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card .

- When did the Cardholder contact the merchant? ____/____/____
- What was the outcome of the merchant contact? _____

_____

☐ **I was charged for a hotel room, which I cancelled -** Cancellation number is **required**.

- Were you advised of a cancellation policy? No _____ Yes _____
- If Yes, what was the policy? _____
- Cancellation number _____(**REQUIRED)** Cancel date ____/____/____
- Copy of phone bill showing you contacted the merchant to cancel.

☐ **Service Dispute -** Please describe the nature of your dispute and your attempts at resolution on a **separate sheet of paper and attach to this form**. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

☐ **Other -** Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

(credit union use only)

Date form received: ____/____/____ Provisional credit amount: _____

Processing teller #: _____ Date applied: ____/_____/_____

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