

Cardholder Dispute Form (Unauthorized Transactions)

Thank you for contacting us regarding potential fraudulent transactions on your ATM/Debit Card. Please use this form to explain the details of your dispute. All sections are required to be completed and signed. We do not provide provisional credit until the form is received by United Bank of Union with all sections completed.

SECTION I: Complete the transaction information below.

Cardholder Name: _____ Full Card Number: _____
Merchant Name: _____ Amount: _____ Transaction Date: _____

SECTION II: Complete the statements below regarding the unauthorized/incorrect transaction.

I first became aware of the transaction on _____.
I first informed United Bank of Union of the transaction on _____.
I became aware of the transaction because _____.

<input type="checkbox"/> 1. I was charged multiple times for the same transaction. The valid transaction posted on _____.		
<input type="checkbox"/> 2. I paid the transaction by another source. I have provided: <input type="checkbox"/> A Cash Receipt <input type="checkbox"/> Copies of both sides of a cancelled check <input type="checkbox"/> The credit/debit statement where the valid transaction appears		
<input type="checkbox"/> 3. The amount posted to my account is different than the amount on my receipt. A copy of the receipt showing the difference is attached.		
For the following dispute reasons involving merchants, you must attempt to resolve the dispute with the merchant.		
<input type="checkbox"/> 4. I cancelled the transaction with the merchant. (Attach a copy of the merchant's cancellation policy and supply the following instructions.) <table border="1"><tr><td>Date Cancelled: _____ Cancellation #: _____ Name of Merchant Rep: _____</td></tr></table>	Date Cancelled: _____ Cancellation #: _____ Name of Merchant Rep: _____	
Date Cancelled: _____ Cancellation #: _____ Name of Merchant Rep: _____		
<input type="checkbox"/> 5. I have returned the merchandise but have not received credit. (Attach a copy of proof of return, merchant's return policy, and supply the following information.) <table border="1"><tr><td>Date Merchandise was returned: _____ Date of Expected Credit Return: _____</td></tr><tr><td>Name of Merchant Representative: _____ Date of Merchant Contact: _____</td></tr></table>	Date Merchandise was returned: _____ Date of Expected Credit Return: _____	Name of Merchant Representative: _____ Date of Merchant Contact: _____
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Name of Merchant Representative: _____ Date of Merchant Contact: _____		
<input type="checkbox"/> 6. I have not received the expected goods or services. (Supply the following information) <table border="1"><tr><td>Expected Receipt Date of Merchandise: _____</td></tr><tr><td>Name of Merchant Representative: _____ Date of Merchant Contact: _____</td></tr></table>	Expected Receipt Date of Merchandise: _____	Name of Merchant Representative: _____ Date of Merchant Contact: _____
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Name of Merchant Representative: _____ Date of Merchant Contact: _____		
<input type="checkbox"/> 7. The merchandise I received was not as described, poor quality, damaged or unsuitable for the purpose intended. I returned (or attempted to return) the merchandise. (Supply the following information) <table border="1"><tr><td>Date Merchandise was returned: _____ Date of Expected Return Credit: _____</td></tr><tr><td>Name of Merchant Representative: _____ Date of Merchant Contact: _____</td></tr></table>	Date Merchandise was returned: _____ Date of Expected Return Credit: _____	Name of Merchant Representative: _____ Date of Merchant Contact: _____
Date Merchandise was returned: _____ Date of Expected Return Credit: _____		
Name of Merchant Representative: _____ Date of Merchant Contact: _____		

SECTION IV: Describe in detail the steps you took to resolve the transaction with the merchant, the response from the merchant and the outcome of your contact with the merchant or ATM owner, i.e. is the merchant or ATM owner providing credit? When can credit be expected if the merchant or ATM owner is providing it?

I certify that the information provided is true and accurate to the best of my knowledge and ability. I also understand that provisional credit can take up to 10 business days from the day United Bank of Union receives this form.

Cardholder Signature: _____ Date: _____

Staff Use Only: Received By: _____ Date Received: _____