



Debit Card Dispute Form

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign this form using blue or black ink. This form must be received at GAP Federal Credit Union no later than 60 days after you receive the periodic statement on which the alleged error is reflected. Please include a copy of your statement highlighting the disputed transaction.

Cardholder Information (Required - Please Print)

Cardholder Name: _____

Card Holder Account Number: _____

Cardholder Address: _____

Home Phone: _____ **Cell Phone:** _____

Debit Card Number (16 digits): _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Transaction Amount: \$ _____ **Transaction Date:** _____

Disputed Amount: \$ _____ **Reference #:** _____

Merchant Name: _____

Signature: _____ **Date:** _____

Please select out of the following (all that apply):

I do not recognize the above transaction. Please provide me more information.

Fraud

I certify that the transaction listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me, received the goods or services represented by this transaction.

Card was lost. Date loss was discovered: _____.

Card was stolen. Date stolen card was discovered: _____.

Card was in my possession at the time the transaction(s) occurred.



Processing Errors

- Incorrect Transaction Code (**Please provide a copy of your transaction receipt**)

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Merchant Response:

- Incorrect Amount (**Please provide a copy of your transaction receipt**)

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

What is the amount on your receipt? _____

Are you providing proof of incorrect amount? _____

Other explanation:

- Duplicate (**Please provide a copy of your transaction receipt**)

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Are both transactions on the same card number? _____

Merchant Response:

- Paid By Other Means (**Please provide a copy of your transaction receipt**)

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Are both transactions on the same account number? _____

Is the other account on a different card owned by the same issuer/cardholder? (Must provide a receipt, cancelled check, bank statement) _____

Are you providing proof of payment by other means? _____

Other explanation:



Consumer Disputes

Merchandise Not Received

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Merchant Response:

Provide a detailed description of what was purchased and an explanation of the dispute:

What was the expected receipt date and time? _____

Did you cancel prior to the expected date? _____

Does the purchase relate to pre-paid goods where the balance was not paid and the merchant can provide the goods? _____

Was the merchandise delivered late or to the wrong location? _____

Services Not Received

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Merchant Response:

Provide a detailed description of service purchased and an explanation of the dispute:

What was the expected receipt date and time? _____

Did you cancel prior to the expected date? _____

Does the purchase relate to pre-paid goods where the balance was not paid and the merchant can



provide the service? _____
Was the service delivered late or to the wrong party? _____

Canceled Recurring

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Cancellation Date? _____

Was a confirmation provided? _____

Merchant explanation:

Not as Described Merchandise/Services

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Merchant Response:

What was not as described? Provide details of what was ordered and how it was not as described:

Date the merchandise or service was received? _____

Does the dispute involve merchandise or services provided that do not match the merchant's verbal description? _____

Did the merchandise or services differ from what was described on the receipt? _____

Did you return the merchandise? _____

Date of return or attempted return: _____

Return method (if applicable): _____

Return/Authorization Number: _____

Tracking Number (if applicable): _____

Who signed for the package? _____

Delivery Address: _____

Did the merchant provide return instructions? If yes, what were the instructions?



Defective Merchandise/Services

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Merchant Response:

What was ordered and how was it damaged or defective?

Date the merchandise/service was received? _____

Did you return the merchandise? _____

Date of return or attempted return: _____

Date merchant received the returned merchandise: _____

Return method: _____

Return/Authorization Number: _____

Tracking Number: _____

Who signed for the package? _____

Delivery Address: _____

Did the merchant provide return instructions? If yes, what were the instructions?

Do any of these situations apply?

Merchant refused to provide return authorization _____

Merchant refused to accept returned merchandise _____

Merchant informed cardholder not to return merchandise _____

Misrepresentation

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Explain what was misrepresented:



Credit not Processed (**Please provide a copy of your transaction receipt**)

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Date of credit voucher, transaction receipt or refund acknowledgement: _____

Merchant response:

Cancelled Merchandise

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Describe what was purchased:

Date you received or expected to receive the merchandise: _____

Did you return the merchandise? _____

Did you attempt to return the merchandise? _____

Did you cancel the merchandise? _____

Cancellation Date: _____

Cancellation Reason:

Was a cancellation policy provided? If so, what was the policy:

Cancelled Service

Have you attempted to resolve the dispute with the merchant? _____

Date of most recent contact: _____

Contact Name: _____

Contact Method: _____

Describe what type of service was purchased:

Date you received or expected to receive the service: _____



Did you cancel the service? _____

Cancellation Date: _____

Cancellation Reason:

Was a cancellation policy provided? If so, what was the policy:

Please remember to include the documentation to support your dispute. Return this dispute form and other documents to:

G.A.P. FEDERAL CREDIT UNION
111 FRANKLIN STREET, RM 224
JOHNSTOWN, PA 15901