



CARDHOLDER DISPUTE FORM & AFFIDAVIT (MERCHANT)

- Form can be submitted by:
- Visiting one of our branches
 - Through our Online Banking Message Center - Transaction Dispute option
 - Dispute Fax # 415.680.1641
 - Mail form to: 3201 California Street, San Francisco, CA 94118
- Must Submit Applicable Supporting Documentation
- Receipts • Purchase/Order confirmation • Proof of shipping/return
 - Proof of cancellation policy/cancellation confirmation

FOR A MERCHANT / ATM OR CREDIT CARD DISPUTE

Transactions must be disputed within 60 days from the Statement Date. If you have any questions or concerns, you may contact us by phone at 415.674.4800 or toll-free at 1.888.499.FIRE(3473); live web chat Monday - Saturday 7:00AM - 8:00PM (Pacific Time).

Cardholder Name	<input type="text"/>	Member Number	<input type="text"/>
Card Number	<input type="text"/>	Email Address	<input type="text"/>
Primary Phone	<input type="text"/>	Work Phone	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

Type of Card:
 Debit Credit

Transaction Information: Must first attempt to resolve issue with merchant and provide proof of contact (email/phone/chat correspondence with merchant). Transaction must be posted and not in pending status; do not include fees.

Posting Date	Merchant Name/Terminal Location	Amount	Credit Union Use Only

If additional space is needed, please list on a separate sheet of paper, sign and attach. Total Claim \$

I have examined the charge or withdrawal made from my account and I am disputing these transactions for the following reason: (please select one of the following)

I was promised a merchant credit - You have never received a merchant credit for returned merchandise or cancelled service. You may be asked to provide a credit slip and/or proof of cancellation. *Merchants must be given 5 business days from the date of return or cancellation to post a credit to your account.*

I have cancelled the service/order - If a cancellation policy was provided, please include a copy and explain what you were told under the Additional Information field.

Were you advised of a cancellation policy? Yes No Date of Cancellation (mm/dd/yyyy): _____

Did you attempt to resolve with the merchant? Yes No Name of contact person: _____

What was the merchant's response? _____

Cancellation number: _____ Reason for cancelling: _____

I have not received merchandise/services - You ordered merchandise and/or service that were not delivered/rendered, but your account was charged. Please refer to the additional information field.

Expected date of delivery and/or service (mm/dd/yyyy): _____ Did you attempt to resolve transaction with the merchant? Yes No

Date of last contact with merchant (mm/dd/yyyy): _____ Name of contact person: _____

Method of contact (i.e. phone or email): _____ What was the merchant's response? _____

I am dissatisfied with the quality of the merchandise or service - You are dissatisfied with the quality or service received, or the merchandise was damaged. *Note: You may need to provide supporting documentation as to the nature of the quality of the merchandise or service. Provide details why the merchandise/service was defective/unsuitable under additional information.*

What was purchased? Merchandise Service Describe what was ordered: _____

What date was the merchandise/service received or expected date to receive the merchandise/service? (mm/dd/yyyy) _____

Was the merchandise returned? Yes No Did you cancel the transaction with the merchant? Yes No

If so, the date of cancellation was (mm/dd/yyyy): _____ Did you attempt to resolve transaction with the merchant? Yes No

Date of last contact with merchant (mm/dd/yyyy): _____ Name of contact person: _____

Method of contact (i.e. phone or email): _____ What was the merchant's response? _____

I was charged twice for the same transaction - Please refer to the additional information field.
Valid Transaction Amount \$: _____ Date (mm/dd/yyyy): _____
Invalid Transaction Amount \$: _____ Date (mm/dd/yyyy): _____

I paid for merchandise and/or service by alternate means - (i.e. cash, check, other credit card, etc) Provide proof of payment by other means, such as a sales receipt, cancelled check (front and back) or a copy of a credit card statement showing the other transaction. Please refer to the additional information field.

I was overcharged for the transaction - The charge on your account is higher than the amount shown on your sales receipt. Please refer to the additional information field.
My sales receipt shows _____, however I have been billed for _____. (Please provide a copy of the sales receipt.)

I participated in a transaction with the merchant, but was billed for an additional transaction which I did not authorize. Please refer to the additional information field. **Note, card will be closed if option is chosen*
Did you attempt to resolve transaction with the merchant? Yes No Date of last contact with merchant (mm/dd/yyyy): _____
Name of contact person: _____ Method of contact (i.e. phone or email): _____
What was the merchant's response? _____ Have you received products or services Yes No
If so, have you returned the products and/or cancelled the services? Yes No Date: _____ mm/dd/yyyy of return or cancellation?

ATM Dispute Please provide a copy of the ATM receipt.

This ATM transaction occurred at a: San Francisco Fire Credit Union ATM Non-San Francisco Fire Credit Union ATM

I deposited an incorrect amount at an ATM - You had miscalculated or miskeyed your deposit amount. Please provide details in the Additional Information field.
Location of ATM: _____ I made an ATM deposit on (mm/dd/yyyy): _____
Which I entered incorrectly as \$: _____ The correct deposit amount is \$: _____

I received a portion and/or none of the currency from an ATM withdrawal - You did not receive all and/or a portion of an ATM withdrawal, however it was debited from your account. Please provide details in the **Additional Information** field.
I requested my account to be debited in the amount of \$ _____, however I only received \$ _____ in currency.

Additional Information/Explain the circumstances surrounding your dispute:

By completing and signing this form, I acknowledge that I have given a correct and true disclosure of the transaction I am disputing. I realize that San Francisco Fire Credit Union may call upon me to supply additional supporting documentation and transaction details to strengthen my claim against the merchant. I realize that not providing all details or exact information related to my dispute may delay the dispute resolution process.

Cardholder's Signature: _____ Date: _____