

HTFFFCU CARDHOLDER DISPUTE FORM

In order to process, please provide us with the following REQUIRED information:

 (Name on Account) (Card Number) (Contact Telephone Number)

 (Merchant Name) (Amount) (Transaction Date) (Posting Date)

 Signature: Required for all disputes

 Date

Check	Dispute Reason	Supporting information Needed to Process Your Dispute
()	Merchandise Never Received or Services not Rendered	How was the order placed (circle one): Phone Internet In person Other Expected delivery or Service date: _____ Date you contacted Merchant to Resolve _____ Merchant response for nondelivery or service (<i>please include your written response on separate page</i>) If available, please send copies of any contracts or receipts
()	Cancelled Transaction <i>(Please Check One)</i> <input type="checkbox"/> Merchandise Returned or Credit never Received <input type="checkbox"/> Service Cancelled or Credit Never received <input type="checkbox"/> Membership Cancelled <input type="checkbox"/> Reservation Cancelled <input type="checkbox"/> defective or Wrong Merchandise Received	How was the order placed (circle one): Phone Internet In Person Other Cancellation or Return Date: _____ Date you contacted Merchant to Resolve _____ Reason for cancellation or return (<i>Please include your written response on a separate page</i>): If available, please attach the following (<i>please check if attached</i>): <input type="checkbox"/> Credit Slip or Statement with Returned Item <input type="checkbox"/> Signed Postal Receipt for Returns <input type="checkbox"/> Contract, Agreement, Tickets, Itinerary or Receipts <input type="checkbox"/> Letter to Merchant Requesting Cancellation or Credit <input type="checkbox"/> Reservation cancellation Number _____ <input type="checkbox"/> Other Evidence of return or Cancellation _____
()	Charged Incorrect Amount or Charged in Error	How was the order placed (circle one): Phone Internet In Person Other <input type="checkbox"/> Multiple Charge Posted - Charge in question was a single charge but posted to my account more than one time. Please attach sales Receipt <input type="checkbox"/> Incorrect Amount - The amount on the sales slip is different than the amount billed to the account for the same transaction. Please attach sales receipt. <input type="checkbox"/> Paid by another Means - The charge that appears on the billing statement was paid by another means. Please attach one of the following: Cash receipt, cancelled check (front and back copy), or other credit card receipt or statement where the charges was applied.
()	Quality of Goods or Services	How was the order placed (circle one): Phone Internet In Person Other The Merchant received or service provided was not as described by the merchant or service provider. I contacted the merchant on _____ (please provide date) and as of this date, the dispute remains unresolved. Please provide one or more of the following: Opinion letter, contract, invoice, or other items to support claims.
()	Do not Recognize / Did Not Authorized (I understand if I select this reason, a block will be placed on my card and a new card issued.)	Do you know who made the charge? (circle one) Yes No If yes, who made the charge? _____ If no, please choose one of the following: <input type="checkbox"/> I do not recognize and I am disputing the above-mentioned transaction. Please send me any information to assist in identifying this charge such as a signed sales receipt. <input type="checkbox"/> I did not authorize or take part in the transaction and I do not know who made this charge to my account. Fraud Case will be initiated. Consult Card Service Representative for required documentation.



Houston Texas Fire Fighters Federal Credit Union

Date: _____

Name: _____

Member Account # _____

ATTN: HTFFFCU/Card Services

I have completed, signed and provided you with all required documents regarding the disputed or fraud transactions made with my debit/credit card in accordance to the time frame for Error Resolutions stated in Regulation E. Unless my account is new, my credit will be given within 10 business days. I am requesting that my account be credited the amount of \$ _____.

I understand that this credit may be provisional. For disputed transactions, failure to abide by the terms of the authorization agreement or if the merchant provides proof of a valid charge, my credit will be reversed and I will be notified. In addition, failure to respond to or provide requested information needed to resolve the dispute promptly will result in my credit being reversed and I will be notified.

If in accordance with MasterCard and Visa's rules it is determined that there are no chargeback rights for the disputed transactions, I must take any further actions directly with the merchant.

I have carefully read and understand the statements above.

Member Signature