Cardholder Dispute Cover Sheet  
(for UWCU Credit Card, Debit Card or ATM Card)

This Cardholder Dispute Form should be completed if you have initiated a credit card or debit card transaction with a merchant and are now disputing the transaction.

The Cardholder Claim of Fraud Form should be completed if someone used your credit card, debit card, or ATM card to make transactions without your knowledge or permission. You did not give your card or card number to this merchant or authorize anyone to perform transactions with this merchant. The card must be closed to prevent additional fraud from occurring.

Instructions:
1. Enter your personal information on this form.
2. Complete the Cardholder Dispute Form. We cannot process your case until we have received all of the required information and/or documentation. The required fields are marked with an asterisk (*).
3. Submit this Cover Sheet along with the Cardholder Dispute Form to the Card Operations department at UW Credit Union.
   - Deliver to any branch or
   - Fax to 608-236-2348 Attn: Card Operations or
   - Mail to UW Credit Union
     P.O. Box 44963
     Madison, WI 53744-4963

Your Information:
Name: _______________________________ Member #: __________________
Day Phone: ___________________________ E-Mail: ________________________
Address: _____________________________ City: __________________ State: ___ Zip: _____
Card Type: credit ☐ debit ☐ ATM ☐

Time Frames:
Debit Cards: Debit card disputes fall under Federal Regulation E, which states that we are allowed 10 business days to investigate a dispute claim to determine if provisional credit is warranted. If we determine there is recourse through Visa, you will receive provisional credit within 10 business days. If a provisional credit is not warranted or if all required information has not been provided, we will contact you within 10 business days.

Credit Cards: Credit Card disputes fall under Federal Regulation Z. Your claim will be investigated to determine if there is recourse through Visa within 14 business days of receipt of your dispute. If it is determined that the dispute is valid, the disputed transaction amount will be placed in a dispute status, which will withhold the disputed amount from the payment due and from being assessed finance charges while the dispute is being processed. Within 14 business days, your dispute will be reviewed and one of the following actions will occur: you will be contacted for additional information, a copy of the sales receipt will be requested from the merchant, the case will be closed for no recourse, or the transaction will be returned to the merchant per Visa Regulations and you will be issued credit. You will receive written notification of the action being taken on your claim.
Cardholder Dispute Form
(This form must be submitted with the Cardholder Dispute Cover Sheet)

*Name: ___________________________  *Card number: ___________________________

*Transaction date: ________________  *Merchant name: __________________________

*Transaction amount: $______________  *Dispute amount: $______________

I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT

_________________________________  __________________________
*Cardholder signature  *Date

• Please check the appropriate box below that matches your dispute type the closest.
• Visa requires that you first attempt to resolve the dispute directly with the merchant before submitting the dispute.
• The required fields per dispute type are marked with an asterisk (*). We are unable to process your dispute unless all required information and/or documentation is provided.
• Please provide as much detail as possible and attach a separate sheet or letter if more room is needed for your explanation.

☐ Cancellation dispute

Were you advised of any cancellation policy?  ☐ yes  ☐ no (if yes, explain below)

________________________________________
* Date of cancellation: ________________ Spoke with: __________________________

* Cancellation number: ___________________________

* Reason for cancellation: ___________________________

☐ I canceled this recurring transaction with the merchant on (date): _______________ how _______________________

* Describe your attempt to resolve with the merchant & the date of contact: ___________________________

☐ Returned merchandise dispute

* Date returned: ________________ Date received by merchant: ___________________________

• If mailed, Return Merchandise Authorization Number (RMA): ___________________________

* Shipping Company: ___________________________ Tracking number: ___________________________

* Reason for return: ___________________________

• If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

* Date of credit slip: ________________ Invoice/receipt number of the credit: ___________________________

* Describe your attempt to resolve with the merchant & the date of contact: ___________________________

☐ I was charged two or more times for the same transaction

* Date of first charge: ___________________________  * Date of second charge: ___________________________

Date of third charge: ___________________________  Date of fourth charge: ___________________________

* Describe your attempt to resolve with the merchant & the date of contact: ___________________________

☐ I paid for these goods or services by other means

☐ check  ☐ cash  ☐ other Bank Card  ☐ Other: ___________________________

* Describe your attempt to resolve with the merchant & the date of contact: ___________________________

Note: if selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.
*Card number: __________________________

☐ Non-receipt of goods or services
  ☐ Tickets / merchandise not received. I expected delivery/services on (date): ________________________________
  ☐ Merchant unwilling or unable to provide service
  *Describe the merchandise or services in which you were to receive: ___________________________________________
  * Describe your attempt to resolve with the merchant & the date of contact: ________________________________

☐ A credit transaction posted as a debit in error
  * A credit for $__________________ was posted to my account as a debit.
    • You must supply a copy of the credit receipt received from the merchant.
  * Describe your attempt to resolve with the merchant & the date of contact: ________________________________

☐ Incorrect transaction amount
  * The amount of this transaction posted for $__________________ but should have posted for $__________________
    • You must supply a copy of your receipt showing the correct amount.
  * Describe your attempt to resolve with the merchant & the date of contact: ________________________________

☐ Quality of services or goods dispute
  * Describe the difference between what was ordered and what was received. What was defective or why was the purchase unsuitable for your needs. ________________________________
  __________________________________________________________
  __________________________________________________________
  • Date returned:__________________  Date received by merchant: ________________________________
  • If mailed, Return Merchandise Auth. (RMA#): __________________
    * Shipping Company: ____________  Tracking number: ________________________________
  • If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:
    * Date of credit: ________________  Invoice/receipt number of the credit: ___________________________
    * Describe your attempt to resolve with the merchant & the date of contact: ________________________________

☐ I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it
  Transaction reference number: ________________________________
  ☐ I made a single attempt and did not receive cash
  ☐ I made multiple attempts and only received cash on one of those attempts
  ☐ Other: ________________________________

☐ Other reason: __________________________________________________________

* Denotes required information for the dispute.