



If you wish to dispute a transaction that occurred on your debit or credit card, this form must be completed and returned within 60 days from the statement date where the disputed transaction appeared. TwinStar Credit Union will work to assist you with your claim through the dispute resolution process; however, we cannot guarantee a favorable outcome. Please refer to our [Electronic Funds Transfer Services \(Regulation E\) Disclosure and Agreement](#) for more details. [www.twinstarcu.com/disclosures/reg-e](http://www.twinstarcu.com/disclosures/reg-e)

To claim a transaction as fraudulent or unrecognized, go to [www.twinstarcu.com/fraud-or-dispute](http://www.twinstarcu.com/fraud-or-dispute) and download a fraud report form, or contact us at 1.800.258.3115.

### **Member Checklist:**

\_\_\_\_\_ Attempting to resolve the error with the merchant often results in a faster refund and may make your dispute claim stronger. The details of your attempt to resolve the error with the merchant should be described in your written statement.

\_\_\_\_\_ Please check only **one** dispute reason and make sure you have provided all requested information for that reason. If you are unsure of which reason accurately reflects your dispute situation, the details you provide in your written statement should be clear so that we can determine how to proceed.

\_\_\_\_\_ Details and supporting documentation are important. Please be specific on dates, the method used to correspond with the merchant, and details of the conversation. Copies of emails, receipts, tracking information, product description, and invoices should be provided with this form to assist us in our investigation and to substantiate your claim.

\_\_\_\_\_ Please make sure your contact information is current and watch your mail for any correspondence from TwinStar Credit Union. During the dispute process, we may need to request additional information from you on behalf of Visa. Visa has specific timeframes set within the rules for dispute, so please adhere to any requested due dates to avoid unnecessary closures of your case.

\_\_\_\_\_ Let us know if anything changes. Give us a call if you have reached a resolution with the merchant or no longer need to dispute the transaction.

\_\_\_\_\_ Return this form to us in one of the following ways:

- By fax to our Dispute Department at 360-459-2062
- Returned to any TwinStar branch
- By mail to: TwinStar Credit Union  
Attn: Card Disputes  
PO Box 718  
Olympia, WA 98507



## Cardholder Dispute Form

Cardholder Name: \_\_\_\_\_ Cardholder Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_

Merchant Name: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Transaction Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check **one** dispute reason that best describes the reason you are disputing the transaction.

**Cancellation – Please enclose any copies of confirmation of cancellation or correspondence with the merchant.**

Were you advised of any cancellation policy? \_\_\_\_\_

Date of cancellation: \_\_\_\_\_ Method of cancellation: \_\_\_\_\_

Cancellation number (if provided): \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

Describe what this charge is for: \_\_\_\_\_

Date the merchant was contacted to request a refund: \_\_\_\_\_

Merchant's response: \_\_\_\_\_

**Returned merchandise – You must attempt to return the merchandise prior to exercising this right. The merchant has 15 days to process a refund from the date of the return. Proof of return such as a credit slip or tracking information must be provided.**

What was ordered? \_\_\_\_\_

What was received? \_\_\_\_\_

Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

Return Merchandise Authorization (RMA) number, if provided by merchant: \_\_\_\_\_

Method of return: \_\_\_\_\_ Tracking #: \_\_\_\_\_

Reason for returning: \_\_\_\_\_

Date the merchant was contacted to request a refund: \_\_\_\_\_

Merchant's response: \_\_\_\_\_

**Paid by other means – You must provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.**

I paid by:  check  cash  other bank card  other

What date was the merchant notified of the error? \_\_\_\_\_

Merchant's response: \_\_\_\_\_

**Non-receipt of goods/services**

Describe in detail what service or merchandise was purchased:

Expected date of delivery/services: \_\_\_\_\_

Date the merchant was contacted to inquire about delivery status: \_\_\_\_\_

Merchant's response: \_\_\_\_\_

**My credit posted as a sale – Please attach a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.**

Date was the merchant notified of the error: \_\_\_\_\_

Merchant's response: \_\_\_\_\_

**Incorrect transaction amount – You must provide a copy of the receipt showing the correct transaction amount.**

A transaction posted as \$ \_\_\_\_\_ But should have posted as \$ \_\_\_\_\_

Date the merchant was notified of the error: \_\_\_\_\_

Merchant's response: \_\_\_\_\_

**I was billed two or more times for a single purchase**

Date of first transaction: \_\_\_\_\_ Date of second transaction: \_\_\_\_\_

Date of third transaction: \_\_\_\_\_ Date of fourth transaction: \_\_\_\_\_

Date the merchant was notified of the error: \_\_\_\_\_

Merchant's response: \_\_\_\_\_

**I did not receive cash from an ATM withdrawal attempt but was charged as if I did**

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one of those attempts

Other \_\_\_\_\_

**I made a deposit at an ATM and I did not receive credit or only received partial credit**

Cash

Check

I made a single attempt to load \$  and did not receive the funds

I made a single attempt to load \$  and received a partial amount of \$

**Quality of goods/services, defective merchandise or not as described – Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.**

Describe the difference between what was ordered and what was received or why the purchase was unsuitable for the purpose sold:

Date cardholder received the merchandise or service: \_\_\_\_\_

Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

Return Merchandise Authorization (RMA) number, if provided by merchant: \_\_\_\_\_

Method of return: \_\_\_\_\_ Tracking # \_\_\_\_\_

Reason for returning: \_\_\_\_\_

Date merchant was contacted to request a refund: \_\_\_\_\_

Merchant's response: \_\_\_\_\_

Use this section to provide details about your dispute: