



For a Merchant / ATM or Credit Card Dispute

Complete, PRINT, sign and either mail, deliver, or fax this form, to San Francisco Fire Credit Union. If you have any questions or concerns, please contact our Call Center Representatives online at www.sffirecu.org, by phone at 1.415.674.4800 or toll-free at 1.888.499.FIRE(3473). San Francisco Fire Credit Union Call Center Representatives are available seven days-a-week from 6:00AM to 10:00PM (Pacific Time).

Form fields for Cardholder Name, Card Number, Primary Phone, Mailing Address, City, State, Zip, Member Number, Email Address, and Work Phone.

Type of Card [] Debit/ATM [] Credit

Transaction Information

Table with columns: Posting Date, Merchant Name/Terminal Location, Amount. Includes a Total Claim \$ field at the bottom.

Table with column: Credit Union Use Only

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

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 services. 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.

Form fields for cancellation policy: Were you advised of a cancellation policy?, Date of cancellation was (mm/dd/yy), Did you attempt to resolve with the merchant?, Name of contact person, What was the merchant's response?, Cancellation number, Reason for canceling.

[] I have not received merchandise/services – You ordered merchandise and/or service that were not delivered/rendered, but your account was charged. Please provide details in the Additional Information field.

Form fields for merchandise/services: Expected date of delivery and/or service (mm/dd/yy), Did you attempt to resolve the transaction with the merchant?, Date of last contact with merchant (mm/dd/yy), 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 the Additional Information field.

Form fields for quality of merchandise/service: What was purchased?, Describe what was ordered, What date was the merchandise/service received or expected date to receive the merchandise/service? (mm/dd/yy), Was the merchandise returned?, Did you cancel the transaction with the merchant?, If so, the date of cancellation was (mm/dd/yy), Did you attempt to resolve the transaction with the merchant?, Date of last contact with merchant (mm/dd/yy), 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 provide details in the **Additional Information** field.

Valid transaction amount \$

Date of valid transaction (mm/dd/yy):

Invalid transaction amount \$

Date of invalid transaction (mm/dd/yy):

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 provide details in the **Additional Information** field.

I was overcharged for the transaction – The charge on my account is higher than the amount shown on my sales receipt. Please provide details in 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 provide details in the **Additional Information** field.

Did you attempt to resolve the transaction with the merchant?

Yes No

Date of last contact with merchant (mm/dd/yy):

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

Has the product and/or service been returned or cancelled?

Yes No

Date of return or cancellation? (mm/dd/yy):

I would like to request a copy of the sales receipt – The merchant has 45 days for a domestic transaction and 60 days for an international transaction to provide a copy of the sales receipt once they receive the request.

Reason for copy of the sales receipt: This is for my personal records

I am unaware of this charge. Possible fraud.

ATM Dispute (Please provide a copy of the ATM receipt)

This transaction occurred at: 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/yy):

Which I entered incorrectly as: \$

The correct deposit amount was: \$

Did you attempt to inform the owner of the ATM?

Yes No

What was their response?

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.

Did you attempt to inform the owner of the ATM?

Yes No

What was their response?

Has this loss been reported to the Police Department?

Yes No

Agency contacted

Report Number

Other – for all other dispute types. Please provide details in the **Additional Information** field.

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 _____

SIGN HERE

Date _____