

Cardholder Dispute Form

FAX this Dispute Form to Card Services at 703-925-5155 or mail to NWFCU, Attention: Card Services, PO Box 1229, Herndon, VA 20172-1229

PLEASE PRINT CLEARLY

Cardholder Information			
NWF	FCU Account #: (last 4 digits)	NWFCU Card #: (last 4 digits)	
Cardholder Name:			
	ng Address:		
City, State, Zip Code:			
Hom	e Telephone: Work:	☐ Platinum Credit Card	
Ema	il Address:	_ Card Is In My Possession: ☐ Yes ☐ No	
Transaction/Merchant Information			
Please Note: It is required that the cardholder contact the merchant prior to submitting the dispute			
Dispute Amount(s):		Transaction Date(s):	
Merchant Name:		Merchant Telephone:	
Merchant Address:		City, State, Country:	
What was Purchased?:		Merchant Contact Date:	
Merchant Employee Spoken With:			
Merchant Response:			
Please Attach All Pertinent Documentation to Support Dispute			
	Non-Receipt of Merchandise or Service: I did not receipe upon date. I expected to receive the merchandise or se		
	Duplicate Charge: I have been billed more than once for	or the same transaction.	
	Merchandise Returned (or Service Cancelled) but credit not given: I returned the merchandise or cancelled the service on/ (mm/dd/yyyy). (Please include shipping receipt from return)		
	Cancelled Membership: I cancelled the above subscription/membership on/ _/ (mm/dd/yyyy) and this cancellation is prior to the above disputed transaction date. The cancellation number is:		
	Merchandise or Service Not As Described: The merchant what I ordered. (Please describe below)	handise or service I received was damaged, defective or	
	Missing Credit: The attached credit slip (or documentation of promised credit) did not post to my account.		
	Incorrect Amount: I was billed the wrong amount. The amount I should have been billed was \$ (Please provide a receipt)		
	Paid By Other Means: I paid for this transaction via another payment method or credit card. (Please attach proof of payment by other means)		
		but not this one. The valid transaction with this merchant nm/dd/yyyy), but I did not agree to pay the transaction listed above.	
	Credit Posted as Purchase: The attached credit slip po		
	Other reason or <u>additional information on any of the above</u> :		
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Coudholder Cignotius			
Cardholder Signature: Date:			

Please Note: This form is not for fraudulent transactions. Fraudulent transactions are <u>unknown merchants charging unauthorized transactions</u>. You must immediately contact NWFCU to obtain an Affidavit of Fraud. Your card must be closed. You must return your card with the notarized Affidavit of Fraud.