



Financial Freedom **for ALL.**

P.O. Box 25516 Alexandria Va. 22313 703 647-7046 fax 571-527-2343

Democracy CARDHOLDER DISPUTE FORM

Statement to the Member: Regulation E limits your liability as the consumer for unauthorized electronic fund transfers, such as those arising from loss or theft of an ATM or debit, to \$50 provided notification is received within two business days after becoming aware of the loss. If you fail to notify the Democracy Federal Credit Union in a timely fashion, your consumer liability shall not exceed the lesser of \$500 or the sum of \$50.00 or the amount of the unauthorized transfer that occur within the two business days.

According to Regulation E Democracy Federal Credit Union has up to 10 business days to provide you with a provisional credit if it is deemed you (the consumer) are not liable in any way.

Please be advised that you must make every effort possible to resolve this dispute with the merchant directly prior to filing a dispute with Democracy. _____ (Member initials)

Debit Account # _____ Cardholder Name _____
(16 Digit Card Number)

Cardholder Contact Number # _____

Transaction Date	Merchant Name	Amount

Email Address _____

Select Type of Dispute (Check ONLY one)

I did not authorize this charge - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen. If you have not, please call **800-742-5582** before sending in this form.

ATM Dispute-

- Was the Pin with the Card _____ Yes _____ No
- Have you ever given the pin to anyone for use _____ Yes, _____ No

Did not recognize – Please attempt to contact the merchant prior to disputing the charge.

- When did the Cardholder contact the Merchant? (mm/dd/yy) ____/____/____
- What was the outcome of the merchant contact? _____

I was billed twice for a single purchase – Cardholder certifies one transaction is valid, but posted more than once. **All cards issued to me are in my possession**

- Valid Transaction \$ _____ Post date _____
- Invalid Transaction \$ _____ Post date _____

- Membership Cancellation** – Please enclose copy of **letter, email, or fax** informing the merchant of cancellation.
- When did the cardholder contact the merchant? _____
 - Reason for cancellation? _____

 - Date of cancellation _____ Cancellation # _____
 - Were you advised of a cancellation policy? Yes _____ No _____
If yes, what were you told? _____

- Merchandise was returned** - You **must** attempt to return the merchandise prior to exercising this right. **Please attach signed proof of return or credit slip.**
- What was ordered? _____
 - What was received? _____
 - Reason for returning _____
 - Was merchandise suitable for the purpose intended? _____
 - Merchant's response _____
- I did not receive the merchandise** - Please contact the merchant and notify us of the outcome.
- When did the Cardholder contact the merchant? ____/____/____
 - What was the outcome of the merchant contact? _____

 - What was the expected delivery date? ____/____/____ Pickup date? ____/____/____
 - Did the Cardholder cancel with the merchant? No ____ Yes ____ If yes, when? ____/____/____
How? _____
 - What was the merchandise that was ordered? _____
- I was overcharged for the purchase** - Please include a copy of the signed sales receipt.
- The credit did not post to my account** - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.
- I 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.
- When did the Cardholder contact the merchant? ____/____/____
 - What was the outcome of the merchant contact? _____

- I was charged for a hotel room, which I cancelled** - Cancellation number is **required**.
- Were you advised of a cancellation policy? No _____ Yes _____
 - If Yes, what was the policy? _____
 - Cancellation number _____ (**REQUIRED**) Cancel date ____/____/____
 - Copy of phone bill showing you contacted the merchant to cancel.
 - Did you request a reservation? No ____ Yes ____
If Yes, this is **not** an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.
- Service Dispute** - Please describe the nature of your dispute and your attempts at resolution on a **separate sheet of paper and attach to this form**. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.
- Other** - Please enclose a **DETAILED** description on the **ATTACHED SHEET** and **SUBMIT** with this form.
-

Member Detailed Statement of Dispute

Member signature _____

DISPUTES - FAX # 571-527-2343 PHONE 703-647-7046

For Credit Union use only

Credit Union Representative Name: _____ **Teller Number:** _____

Date received: _____ **Is the detailed description of dispute attached Yes** _____, **No** _____