



Statement of Occurrence for Disputed Transactions

YOU SHOULD MAKE EVERY EFFORT TO RESOLVE THE DISPUTE(S) WITH THE MERCHANT PRIOR TO FILING A DISUTE FOR US TO ASSIST YOU. This form will help BHSFFCU complete an investigation regarding your claim for a disputed transaction on your account(s) with us. Please fill out this form in its entirety.

I am filing a claim for:

☐ Debit Card Dispute ☐ ATM Card Dispute

Your Name: _____ Affected acct. number(s): _____

Transaction Date: _____ Merchant Name: _____

Transaction Amount: \$ _____ Dispute Amount: \$ _____

Please tell us in your own words what happened:

I represent and warrant that I have disclosed all facts as I know them

Cardholder Signature

Date

***Denotes required fields per the dispute type.**

Cardholder Dispute Form

Please check the appropriate box below that matches your dispute type the closest. Your signature above is required. **Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions below.** The required fields per dispute type are marked with an asterisk (*). **Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.**

☐ **I did not receive cash from an ATM withdrawal attempt**

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:

☐ **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.

☐ **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: _____

☐ **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 your receipt showing the correct amount.

***Denotes required fields per the dispute type.**

☐ **I paid for these goods or services by other means:**

☐ Check ☐ Cash ☐ Other Bank Card ☐ Other: _____

*Describe your attempt to resolve with the merchant: Spoke with: _____

On (date): _____ *Merchant's Response: _____

If selecting this dispute reason, you must supply a copy of proof of that payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

☐ **Cancellation Dispute:**

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

*Date of Cancellation: _____ Spoke with: _____

Cancellation number: _____ Reason: _____

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

☐ **Returned item Dispute:**

*Date returned: _____ Date received by merchant: _____

If mailed, Return Merchandise Authorization Number (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: Spoke with: _____

On (date): _____ *Merchant's Response: _____

***Denotes required fields per the dispute type.**

☐ **Non-receipt of goods or services**

☐ Tickets / merchandise not received. I expected delivery/services on (date): _____

☐ Merchant unwilling or unable to provide service – explain below in the ADDITIONAL INFORMATION area.

* Describe your attempt to resolve with the merchant, spoke with: _____

On (date): _____ *Merchant's Response: _____

☐ I have not attempted to resolve with the merchant and why: _____

☐ **Quality of services or goods dispute**

Describe the difference between what was ordered and what was received. What was defective or why the purchase is unsuitable for your needs.

Date returned: _____ Date received by merchant: _____

If mailed, Return Merchandise Auth. #: _____

*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: _____

***Denotes required fields per the dispute type.**