

Credit Card Dispute Form

FAX this Dispute Form to Card Services at 515-457-2047 or mail to Card Services, PO Box 10409, Des Moines, IA 50306-0409

PLEASE PRINT CLEARLY

Cardholder Information

Account #: (last 4 digits) _____	Card #: (last 4 digits) _____
Cardholder Name: _____	Card Type: <input type="checkbox"/> REALTOR® Credit Card
Mailing Address: _____	
City, State, Zip Code: _____	
Daytime Telephone: _____	
Email Address: _____	Card Is In My Possession: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Employee Title: _____
Merchant Response: _____	

Please Attach All Pertinent Documentation to Support Dispute

- Non-Receipt of Merchandise or Service:** I did not receive the merchandise or service I ordered by the agreed upon date. I expected to receive the merchandise or service on ____ / ____ / ____ (mm/dd/yyyy).
- Duplicate Charge:** I have been billed more than once for 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 merchandise or service I received was damaged, defective or not what I ordered. (Please describe below)
- 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)
- I did participate in a transaction with this merchant, but not this one.** The valid transaction with this merchant was for \$ _____ on ____ / ____ / ____ (mm/dd/yyyy), but I did not agree to pay the transaction listed above.
- Credit Posted as Purchase:** The attached credit slip posted to my account as a purchase.
- Other reason or additional information on any of the above:** _____

Cardholder Signature: _____ Date: _____

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