



Cardholder Dispute Form

Use this form to dispute charges that have posted to your credit or debit card. This form must be completed and signed by the cardholder. Please return in person at any branch, email to eservices@grccu.com, fax to 616-538-2448, or mail to 1073 Gezon Parkway SW, Wyoming, MI 49509.

GRCCU has ten (10) business days to process your claim. The claim process may take up to 180 days; however, if we cannot complete our investigation within a ten (10) day period, we **may** provide you with a provisional credit to your account for the amount of the claim. **Note: if your claim is determined by MasterCard to be invalid, we will debit your account for the entire amount of the provisional credit within three (3) days of completing our investigation.** You will be notified in writing once our investigation has been completed.

Credit/Debit Card # _____
Cardholder Name _____
Cardholder Phone # _____
Cardholder Email _____

Merchant Name: _____ Disputed Amount: _____ Post Date: _____
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Merchant Name: _____ Disputed Amount: _____ Post Date: _____

Select Type of Dispute (Check **ONLY** one)

1. Did not authorize or do not recognize. I did not have knowledge of the above transaction(s) nor did I allow anyone to use my credit/debit card. **(Card must be closed if using this option)**

Date merchant contacted: _____

Merchant Response: _____

2. Membership cancelled. I authorized the merchant to bill my credit/debit card on a monthly or continuing basis; however, I cancelled or revoked that authorization. **(You MUST provide the cancellation date)**

Cancellation Date: _____

3. Charged twice for the same transaction.

Original transaction amount: _____ Original transaction date: _____

Duplicate transaction amount: _____ Duplicate transaction date: _____

4. Transaction completed with another form of payment. I certify that the services or merchandise charged to my account were paid by other means. If no method of other payment can be determined, issue must be resolved between consumer and merchant. **(You MUST provide proof of other payment method: i.e., cash receipt, cancelled check, credit card receipt or statement, etc.)**

5. Credit did not post to account. I received a credit receipt from the merchant; however, the credit has not posted to my account. **(You MUST provide copy of credit receipt.)**

6. Overcharged. I was overcharged or the charged amount is not correct. (You **MUST** provide a copy of receipt.)

7. Unsatisfied. I am unsatisfied with the merchandise or service received. (You **MUST** attempt to resolve with the merchant prior to disputing charges.)

Date merchant contacted: _____ Merchant response: _____

8. Did not receive. I did not receive the merchandise or service as agreed.

Expected delivery date: _____ Date merchant contacted: _____

Merchant response: _____

Did you cancel with merchant? _____ If Yes, When? _____ How? _____

What was merchandise or service ordered: _____

9. Hotel Cancelled. I have been charged for a cancelled hotel reservation. (You **MUST** provide the cancellation number and copy of reservation, including cancellation policy.)

Cancellation Date: _____ Cancellation Number: _____

10. Other. Please attach a DETAILED description of dispute.

If you selected number 1-9, please summarize the events in your own words. Attached additional sheets if necessary.

I certify to the best of my knowledge and belief that all the information on this form is true, correct, complete, and made in good faith. **I also understand that this information may be provided to federal, state, and local law enforcement agencies for such action within their jurisdiction as they deem appropriate.** I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment, or both.

Cardholder Signature (Required)

Date

INTERNAL (CU) USE ONLY

Card Closed __ New Card Ordered__ Tracker Created ____