

DISPUTE CLAIM FORM

Complete Form, Print, Sign, and Fax all pages to (574) 970-5673 or email to Fraud_Department@inovafcu.org

Please read all instructions before proceeding

1. This form must be completed by the PERSON whose name appears on the card.
2. We cannot process your claim until we have received all of the required information and/or documentation.
3. The Card Dispute form is to only be completed if you have initiated a card transaction with the merchant and are now disputing the transaction.
4. We require that you first attempt to resolve the dispute directly with the merchant BEFORE submitting the dispute. The attempt to resolve must be AFTER the charge has posted.
5. This form must be received by INOVA Federal within sixty (60) days from the statement date.

Check card disputes fall under Federal Regulation E, which states that the financial institution is allowed 10 business days to investigate a dispute claim to determine if provisional credit is warranted. If there is recourse through VISA®, you will receive provisional credit within 10 business days. If provisional credit is NOT warranted or if all required information has not been provided we will contact you within 10 business days. Provisional credit will be reversed in the event that the claim is denied.

Required Information

Cardholder Name

Card Number

Transaction Date

Merchant Name

Transaction Amount

Dispute Amount

Please describe your attempts to resolve and any merchant response below. This is required for most dispute types on the following pages. Attach additional pages if more room is required.

I declare that the information provided on this form is true and correct (please Print and Sign)

Cardholder Signature

Date

Please Check the appropriate box below that best matches your dispute type and complete the corresponding detail fields below your selection.

Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions directly related to your dispute. Attach additional pages if more room is needed for your explanation or the options listed below do not match your dispute.

Cancellation Dispute

Were you advised of any cancellation policy?

If "YES", please explain

Date of cancellation

Who you spoke with about the cancellation

Cancellation Number

Reason for Cancellation

I canceled this recurring transaction with the merchant

Date of Cancellation

How did you cancel the recurring transaction?

Describe your attempt to resolve with the merchant on pg1 (click here)

Returned merchandise dispute

Date Returned

Date received by merchant

What was the Return Authorization Number(RA#)?

Shipping Company

Tracking Number

Reason for Return

Date of Credit

Invoice/receipt number of the credit

Did the merchant refuse to accept return or fail to provide a RA#?

Describe your attempt to resolve with the merchant on pg1 (click here)

I paid for these good(s)/service(s) by other means

Check

Cash

other Bank Card

Other

*Proof of alternate payment MUST be supplied (bank statement or copy of canceled check)

Describe your attempt to resolve with the merchant on pg1 (click here)

Non-receipt of good(s) or service(s)

Merchandise NOT received

Service NOT Received

Please describe details of your order

Date of expected delivery/service

Was merchant unwilling or unable to provide service?

Describe your attempt to resolve with the merchant on pg1 (click here)

[] A credit transaction posted as a debit in error (attach copy of receipt)

A credit for _____ was posted to my account as a debit.

The transaction posted for _____ but should have posted for _____.

Describe your attempt to resolve with the merchant on pg1 (click here)

[] Quality of service(s)/good(s)

Describe what was wrong with your order

Date your service/good(s) were received

Date service(s) declined / good(s) returned

How did you refuse the service/good(s)?

Date refusal received/acknowledged by merchant

Return Authorization Number (RA#)

Shipping Company

Tracking Number

Did the merchant refuse to accept merch. or to provide an RA#

Describe your attempt to resolve with the merchant on pg1 (click here)

[] I was charged two (or more) times for the same transaction

First Charge

Second Charge

Third Charge

Fourth Charge

Describe your attempt to resolve with the merchant on pg1 (click here)

[] I did not receive cash from an ATM withdrawal attempt, but was charged for the amount.

Transaction reference number

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one attempt

Other Notes (please explain on pg1)

[] Share Deposit performed but processed incorrectly or not at all

Transaction Reference number _____

Date of Transaction _____

I made _____ attempt(s) to load _____ and received _____.

The following section is for institution use only

No documentation received (within 10 days) for deposit return item

Transaction Reference number

Date of Transaction

Deposit Dispute, invalid adjustment

- Adjustment contains invalid data such as: incorrect account number or non-matching account number
- Dispute validity of the adjustment due to the amount, or the original transaction was canceled or reversed.
- Adjustment was processed beyond 45 days from transaction date.
- Adjustment was processed more than once.