

MASTERCARD® CARDHOLDER DISPUTE NOTIFICATION



Please provide the required information or documentation that may be helpful in resolving the dispute or else your claim may be initially denied. We may need to contact you for additional information so make sure that your contact information is current. Only one disputed transaction per form. Each disputed transaction requires its own form to be completed. Thank you.

IMPACTED DEBIT CARD NUMBER (16-digits)	CARDHOLDER NAME	CARDHOLDER PHONE NUMBER	BECU USE ONLY Person #
EMAIL ADDRESS		MERCHANT NAME	
AMOUNT POSTED TO ACCOUNT \$	AMOUNT DISPUTED (if amount is different from the amount posted) \$	POST DATE	
Disputing more than one item? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, then this is number _____ of _____ (e.g., 1 of 3) Only one transaction per form			
SIGNATURE (REQUIRED)			DATE

For all Disputes:

Date merchant was contacted to attempt to resolve: _____
 Merchant's response: _____
 If this was for a hotel room, did you request a reservation? Yes No
 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 below.

Please select the option below that best describes your dispute and complete the necessary information. Provide the required documents to ensure prompt processing of your dispute.

Please note: Trial memberships, offers to fix your computer, offers to fix your credit, and any other offers that you accept from a merchant is not considered unauthorized. You must call the merchant and attempt to resolve the dispute.

Select Type of Dispute (check only one):

Duplicate charge. Cardholder certifies one transaction is valid, but posted more than once.
 The card indicated at the top of this form is in my possession.

Valid Transaction \$ _____ **Post Date** _____

Invalid Transaction \$ _____ **Post Date** _____

Cancellation.

Please enclose: Copy of **letter, email, or fax** informing the merchant of cancellation.

Reason for cancellation: _____

Cancellation Date: _____ **Cancellation Number:** _____

Were you advised of a cancellation policy? Yes No If Yes, what were you told? _____

Trial membership.

Please enclose: Copy of **letter, email, or fax** informing the merchant of cancellation.

Did you follow the merchant's cancellation? Yes No Did you receive any product(s)? Yes No

Cancellation Date: _____ **Cancellation Number:** _____

Were you required to return any products? Yes No Did you return any product(s)? Yes No

RMA Number (return merchandise authorization): _____

Proof of return: Provide copy of receipt or tracking number

<input type="checkbox"/> Returned merchandise. You must attempt to return the merchandise prior to raising this dispute. If counterfeit goods, see below for required documentation. <input type="checkbox"/> Please enclose: Signed proof of return or credit slip. What was ordered and date merchandise was received? _____ Reason for returning: _____ Was merchandise suitable for the purpose intended? _____
<input type="checkbox"/> Non-receipt of 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ What was the merchandise that was ordered? _____
<input type="checkbox"/> Overcharged for the purchase. <input type="checkbox"/> Please enclose: Copy of the signed sales receipt or invoice showing what you should have been charged Authorized amount: _____ Amount charged/posted: _____
<input type="checkbox"/> Credit did not post to my account. <input type="checkbox"/> Please enclose: Copy of the dated credit slip or Notice of credit from the merchant and attach a detailed explanation of your dispute.
<input type="checkbox"/> 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.
<input type="checkbox"/> Charged for a hotel room, which I cancelled. Cancellation number is required. Were you advised of a cancellation policy? _____ If Yes, what was the policy? _____ Cancellation Number: _____ (required) Cancellation Date: _____ <input type="checkbox"/> Please enclose: Copy of phone bill showing you contacted the merchant to cancel.
<input type="checkbox"/> Service Dispute or Counterfeit Goods. 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.
Additional Comments:

Though we may attempt to recover the funds on your behalf, BECU does not guarantee that we will be able to recover your funds. Please note that additional documentation may be required to process your dispute. Attach a separate sheet of paper if you need additional space to further explain your situation.

If form is not submitted electronically, please return completed and signed form to:
 BECU, Attn: Card Services, PO Box 97050 Seattle, WA 98124-9750
 or fax to 206.805.5663