

Cardholder Name _____	Card Number _____	Account Number & Suffix _____
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## Transaction Details

Transaction Amount \$ \_\_\_\_\_ Merchant \_\_\_\_\_

**If you have more than one fraudulent transaction or are disputing more than one transaction, please use page 2.**

SkyOne will provide provisional credit within 10 business days on disputed or incomplete ATM transactions and within 5 business days for disputed or fraudulent Debit or Credit Card Charges.

## Section 1. Statement of Fraud

**I have not, nor has anyone authorized by me, participated in this transaction.**

My card is (select one):  In my possession     Lost     Stolen    My card was reported lost/stolen on (date) \_\_\_\_\_.

**I have taken the following action (select one):**

I discovered the first fraudulent transaction(s) on: \_\_\_\_\_     I filed a police report with the City of \_\_\_\_\_

I notified SkyOne about the fraudulent transaction(s) on: \_\_\_\_\_ on \_\_\_\_\_ (date), report # \_\_\_\_\_.

The first fraudulent transaction posted to my account on: \_\_\_\_\_ *If you have filed a police report, please provide a copy with your claim.*

**I participated in this transaction, however:**

I requested an ATM withdrawal in the amount of \$ \_\_\_\_\_ and received \$ \_\_\_\_\_.

The amount billed is incorrect. I have enclosed a copy of the receipt/bill/statement.

I was billed more than once for a single transaction:

The valid transaction of \$ \_\_\_\_\_ was posted on \_\_\_\_\_. The invalid transaction of \$ \_\_\_\_\_ was posted on \_\_\_\_\_.

I have not received credit on my statement. I have enclosed a copy of my credit receipt.

My credit posted as a sale (charge) — I have enclosed a copy of the credit slip and the original sales slip.

### Before disputing a charge, you must make every effort to resolve the dispute with the merchant.

**I participated in this transaction, however:**

The merchant continues to charge my account for periodic billings that I cancelled on \_\_\_\_\_. Enclosed is my proof of cancellation; or, the details of my cancellation is described below.

I have not received the merchandise I ordered. The expected delivery date was \_\_\_\_\_. I contacted the merchant on \_\_\_\_\_ to attempt to resolve the issue.

The charge was paid previously by another method. I have enclosed a copy of the proof of payment (*this can be a copy of the cancelled check (front & back), a cash receipt, or a billing statement from another credit card.*)

I returned the merchandise on \_\_\_\_\_ by \_\_\_\_\_ (FedEx, UPS etc) tracking number is \_\_\_\_\_.

I was charged for a hotel room that I have already cancelled. I cancelled it on \_\_\_\_\_. The cancellation number is \_\_\_\_\_.

I contacted the merchant in an attempt to resolve my dispute on \_\_\_\_\_. The details of my attempt to resolve the issue with the merchant is described below. (Include any related information, such as name(s) of person(s) you spoke to, time, date, method of contact, copy of emails, etc. Use a separate sheet if necessary.)

<b>X</b> _____	_____
<b>Cardholder Signature (Required)</b>	<b>Date</b>

<b>Scan and email the form:</b> CardServices@SkyOne.org	<b>Mail:</b> SkyOne Federal Credit Union P.O. Box 5003 Hawthorne, CA 90250
<b>Fax:</b> 310.491.7471	

# Card Transaction Dispute Form



Cardholder Name	Card Number	Account Number & Suffix
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## List of unauthorized transactions

*Please complete this section only if you're disputing more than one transaction.*

Transaction Posting Date	Amount of Transaction	Merchant Name
	<b>Total \$ of Unauthorized Transactions:</b>	
	\$	

<p><b>Scan and email the form:</b> CardServices@SkyOne.org</p>	<p><b>Fax:</b> SkyOne Federal Credit Union ATTN: Card Services 310.491.7471</p>	<p><b>Mail:</b> SkyOne Federal Credit Union ATTN: Card Services P.O. Box 5003 Hawthorne, CA 90250</p>
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