

Card Transaction Dispute Form



Cardholder Name _____

Card Number _____

Account Number & Suffix _____

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.*

Section 2. Statement of Error

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.

Section 3. Statement of Dispute

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.)

X

Cardholder Signature (Required)

Date

Scan and email the form:

CardServices@SkyOne.org

Fax: 310.491.7471

Mail: SkyOne Federal Credit Union

P.O. Box 5003

Hawthorne, CA 90250

