



5700 Cleveland Street  
 Virginia Beach, VA 23462  
 (800) 678-8765  
 chartway.com

### Cardholder Credit & Debit Dispute/Fraud

**Directions: Complete and return to the nearest branch, fax to (757) 497-1383 or email to [carddisputes@chartway.com](mailto:carddisputes@chartway.com)**

Contact Information	
Member Name	
Card Number	
Account Number	
Preferred contact number	
Email Address	
Date	
Type of Claim	<input type="checkbox"/> Fraud <input type="checkbox"/> Dispute

**Disputes must be filed within 90 days of the transaction posting.**

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

**Additional transactions can be added to an additional page, if necessary.**

Please select the box below that best describes the reason for submitting this claim. If **FRAUD**, please select from the "Fraud Reasons" section. Or, if this is a **MERCHANT DISPUTE**, please select from the "Dispute Reasons" section. You may be contacted by the institution to obtain additional information. Failure to respond may result in your claim being denied.

**Fraud Reasons:** Please note that **in all cases of FRAUD, card will be closed immediately**, and a new card will be issued.

**I / an authorized party did not engage in this (these) transaction(s).**

I notified the credit union of the loss/stolen card on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

My card was:  In my possession

Lost on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Stolen on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Dispute Reasons:** Before disputing charges, **please make every effort to resolve with the merchant.**

**Duplicate Charge:** cardholder certifies one transaction is valid, but it posted more than once.

Valid Transaction \$ \_\_\_\_\_ Posting Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Invalid Transaction \$ \_\_\_\_\_ Posting Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe your attempt to resolve with the merchant \_\_\_\_\_

Date of contact \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cancellation:** Please enclose a copy of the letter, email, or fax, notifying the merchant of cancellation.

Reason for cancellation? \_\_\_\_\_

Date of cancellation \_\_\_\_/\_\_\_\_/\_\_\_\_

Cancellation Number \_\_\_\_\_

Describe your attempt to resolve with the merchant \_\_\_\_\_

Date of contact \_\_\_\_/\_\_\_\_/\_\_\_\_

**Returned Merchandise:** You must **first** attempt to return the merchandise and allow 14 days for merchant to post the credit. Please attach signed proof of return or credit slip.

Reason for return \_\_\_\_\_

Describe your attempt to resolve with the merchant \_\_\_\_\_

Date of contact \_\_\_\_/\_\_\_\_/\_\_\_\_

**Merchandise Not Received:** Please contact the merchant and notify us of the outcome.

What was the expected delivery date? \_\_\_\_/\_\_\_\_/\_\_\_\_ Pick up date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide **detailed** description of expected merchandise \_\_\_\_\_

Describe your attempt to resolve with the merchant \_\_\_\_\_

Date of contact \_\_\_\_/\_\_\_\_/\_\_\_\_

**The Transaction Amount Was Incorrect:** You would need to provide copy of the receipt.

A transaction in the amount of \$ \_\_\_\_\_ posted to my account.

However, the correct amount should be \$ \_\_\_\_\_.

Describe your attempt to resolve with the merchant \_\_\_\_\_

Date of contact \_\_\_\_/\_\_\_\_/\_\_\_\_

**I Paid For this Purchase by Other Means:** You would need to provide a copy of the cleared check, statement, or cash receipt.

Describe your attempt to resolve with the merchant \_\_\_\_\_

Date of contact \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATM Cash Not Received:** Please attach a copy of the ATM withdrawal slip.

Date of cash withdrawal \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount requested \$ \_\_\_\_\_ Amount received \$ \_\_\_\_\_

Please provide additional information below or on a separate sheet, if needed.

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**Team Member Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

