

Navy Federal®
Credit Card Cardholder Statement of Dispute

Please provide supporting documentation with this form to assist us in our investigation and to substantiate your claim. Please read each category in its entirety and ensure you have provided all requested information. We may need additional information from you at various stages of your claims process. Please ensure your contact information is current. Please fax your completed form to **703-206-3679**.

A. Please complete each item in this section.		
Cardholder Name _____		
Access No. _____	Form of Payment Used <input type="checkbox"/> Mastercard® <input type="checkbox"/> Visa® <input type="checkbox"/> American Express®	Credit Card No. _____
Best Contact No. _____	Email Address _____	

We are unable to place a "STOP PAYMENT" on a charge. In lieu of this, Visa/Mastercard/American Express and federal regulations extend billing rights to cardholders for billing errors or questionable transactions. To preserve these billing rights, you must notify Navy Federal within 60 days of the closing of the statement on which the error or problem first appeared.

If you have a problem with the quality of the property or service purchased with your credit card, you must make a good faith attempt to resolve the dispute with the merchant. If you have not reached a resolution with the merchant, we strongly recommend you provide us specific documentation from an expert or professional that supports your dispute regarding the level of quality or misrepresentation described on the original receipt, invoice, work order, brochure, contract, and/or appraisal. Such documentation will be used in our pursuit of a credit for any portion of the amount(s) in question.

Please note: Provisional credits are not issued at the time a dispute claim is initiated.

Navy Federal will exert every effort through the dispute resolution process to assist you with your dispute claim; however, we cannot guarantee a favorable outcome.

I have verified the charge(s) to my account, and I dispute the following items:

Merchant Name _____			
Reference No. _____	Posting Date (MM/DD/YY) _____	Transaction Date (MM/DD/YY) _____	Dollar Amount \$ _____
Cardholder Signature ▶ _____			Date (MM/DD/YY) _____

B. Please check and complete the category that best describes your dispute. All information is vital toward the investigation of your claim.

I am not disputing this charge.

I would like a copy of the sales receipt only. *(If the charge is older than 90 days, a copy can only be requested for legal or tax purposes.)*

Duplicate Charge

Date of first charge _____

Date of second charge _____

Describe your attempt to resolve with the merchant.

Date of contact _____

Incorrect Transaction Amount

(A copy of the sales receipt must accompany this form.)

Describe your attempt to resolve with the merchant.

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

Purchase Paid by Another Method

(A copy of the cleared check, credit card statement, or cash receipt must accompany this form.)

Cash Other credit/debit card

Check Other method _____

Describe your attempt to resolve with the merchant.

Cancellation

(Please ensure that 15 days have passed from the date of cancellation.)

Date of cancellation _____

Cancellation number _____

Method of cancellation _____

Spoke with _____

Reason for cancellation _____

Please provide the merchant's cancellation/refund policy.

Returned Merchandise

(Please ensure that 15 days have passed from the date of return.)

RMA or Return Authorization Number *(If applicable)*

Date of return _____

Date received by the merchant _____

Method of return:

USPS UPS FedEx Other _____

Tracking number _____

Describe your attempt to resolve with the merchant.

Date of contact _____

Merchant's response _____

If you have a credit slip/voucher or refund acknowledgment that has not posted, please provide the date of the credit. *(A copy must accompany this form.)*



