Navy Federal Visa® Check Card/Business Check Card Statement of Dispute

Supporting documentation must accompany this form or your claim may initially be denied. Please read each category in its entirety and ensure you have provided all required information. We may need additional information from you at various stages of your claims process. Please ensure your contact information is current.

Part I - Please complete each item in this section.

Cardholder Name

Check Card Number | Checking Account Number | Access Number

Best Time to Be Reached | Telephone Number (H) | Telephone Number (W) | Extension Number

Signature | Date (Mo., Day, Yr.)

I have verified the charges to my account, and I dispute the following item:

Merchant Name | Date Contacted Merchant (Mo., Day, Yr.)

Posting Date (Mo., Day, Yr.) | $ Dollar Amount | Please Provide Details (use reverse side)

Part II - Please check and complete the category which BEST describes your dispute.

☐ 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.)

Please check the appropriate box below and complete the necessary information. Any required supporting documentation must accompany this form or your claim may not be processed.

☐ **Duplicate Charge**

Date of first charge _____ Date of second charge _____

☐ **Cancellation**

Date of cancellation (required) _____ Cancellation number _____

Method of cancellation _____ Spoke with _____

Were you advised of the cancellation policy? Yes _____ No_____ (if yes, please explain)

_____

Reason for cancellation _____

☐ **Returned Merchandise**

Date of return (required) _____ Date received by merchant (if mailed) _____

Tracking Number (required) _____ Shipping Company (required) _____

Describe your attempt to resolve with the merchant (required) _____

_____

Merchant's response (required) _____

If you have a credit slip or voucher or a refund acknowledgement that has not posted, please provide date of credit slip _____

(a copy must accompany this form)

☐ **Purchase paid by another method (a copy of the cleared check, credit card statement or cash receipt must accompany this form)**

☐ Cash ☐ Check ☐ Other credit/debit card ☐ Other

Describe your attempt to resolve with the merchant (required) _____

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☐ **Non-Receipt of Goods or Services (not applicable for ATM disputes)**

☐ Merchandise/Tickets not received. Expected receipt date (required) _____

☐ Merchant unwilling/unable to provide service

Description of merchandise/service (required) _____

Describe your attempt to resolve with the merchant (required) _____

_____

☐ **Incorrect Transaction Amount (a merchant receipt must accompany this form)**

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

☐ **Quality of Services or Goods (provide details)**

Describe the difference between what was **ordered** and what was **received**; what was defective and/or why was the purchase unsuitable for your needs (required)

_____

_____

_____

Date of return (required) _____ Date received by merchant (if mailed) _____

Tracking Number (required) _____ Shipping Company (required) _____

Describe your attempt to resolve with the merchant (required) _____

_____

Merchant's response (required) _____

☐ **Credit Transaction Posted as a Debit**

A credit transaction for $ _____ posted to my account as a debit (you must supply a merchant credit receipt)

Part III - Additional Information or Comments

PLEASE RETURN TO: Navy Federal Credit Union • PO Box 23603 • Merrifield, VA • 22119-3603
or fax to Debit Card Dispute/Fraud Resolution Section 703-206-4507