



Debit CARDHOLDER DISPUTE FORM

Before disputing charge, please contact the merchant and attempt to resolve the dispute directly.

Cardholder disputes can be filed by phone during normal business hours by dialing 410-752-8313. The length of the entire dispute process will vary based on the complexity of your claim. Please describe your attempt to resolve this dispute with the merchant on a separate sheet as well as completing the form below.

Card #: (Please enter the card number on which the disputed charges appear)

Cardholders Name: _____ CIF #: _____

Email address: _____ Contact Number: _____

I have reviewed the charges to my account, and I dispute the following item. (Only one transaction per form.)

Merchant Name: _____ Transaction Amount: \$ _____

Transaction Posting Date (MM/DD/YY): ___/___/___ Dispute Amount: \$ _____

___ **Unauthorized Transaction** (I did not authorized this transaction). I did not authorize or participate in this transaction with the above-mentioned merchant nor did I authorize anyone else to use my card. **To use this option, you must report your card as compromised/stolen. Please call 1-800-449-7728 before submitting this form.**

___ **Incorrect Amount** (I was billed the wrong amount)
What was the amount you should have been billed? \$ _____ (Please provide a receipt)

___ **Duplicate Charge** (I was billed more than once for the same transaction)
Please provide a copy of the statement and identify which charge is valid and which is a duplicate.

___ **Paid by Other Means** (I paid for this transaction by another payment method)
Paid By: (Circle One): Check Cash Another Card Other: _____
Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another card was used.

___ **Did not receive the merchandise/Returned Merchandise.** (I paid for this transaction but did not get the merchandise or I returned the item(s))

___ **Cancelled (Hotel) Transaction/ Cancelled Membership** (I was charged for something I previously cancelled). Date of cancellation: _____ Cancellation# _____

Member's signature

Name of MECU Representative Accepting Completed Affidavit Teller # Branch Date Filed

Distribution: Fax to Operations; Plastics Services Area #443-927-3669 Retain Original in Branch for 30 days