



### Cardholder Dispute Form

Complete, print and mail form to:  
255 N. Lone Hill Ave., San Dimas, CA 91773

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800.347.2228 · cardservices@adelfibanking.com · www.adelfibanking.com

**Member Number:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Debit/Credit/ATM Card Number:** \_\_\_\_\_

**Merchant Name:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Post Date:** \_\_\_\_\_

**REASON FOR DISPUTE:**

**Billed twice for the same transaction:**

Original Transaction Date: \_\_\_\_\_ Second Transaction Date: \_\_\_\_\_

**Cancelled Service/Returned Merchandise:**

What service was cancelled? What product was returned? \_\_\_\_\_

What is the date that you cancelled? What is the date that you returned? \_\_\_\_\_

**Non-Receipt of Service/Merchandise:**

What was the product or service you were suppose to receive: \_\_\_\_\_

What is the date of expected date of delivery? \_\_\_\_\_

**Paid By Other Means/Credit Posted as a Debit**

**\*\*\*Required-** Please attach proof of alternate payment or credit slip from merchant

**Quality of Service/Defective Merchandise:**

Describe the service or merchandise: \_\_\_\_\_

Did you cancel the service or return the merchandise? \_\_\_\_\_

Are you still in possession of the merchandise? \_\_\_\_\_

**\*\*\*Below is Required for every dispute:**

Date you contacted the merchant to resolve: \_\_\_\_\_

The merchants response: \_\_\_\_\_

Additional Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach any supporting documentation for your dispute to this form.

Cardholder Signature \_\_\_\_\_

Date: \_\_\_\_\_

Required