



Merchant Transaction Dispute Form

Cardholder Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ (____) _____
Daytime Evening

Email: _____

Last Four Digits of Card Number: _____ Card Type: Debit Credit

1. Transaction Information

Transaction Date	Merchant name	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Dispute Reason

3. Attempt to Resolve

Did you attempt to resolve with the merchant? Yes No

Date of most recent contact with merchant: _____

Contact name? _____

How did you contact the merchant? Phone Email Letter In-person

Please describe the attempt to resolve with the merchant: _____

--- ATTACH ALL DOCUMENTS TO SUPPORT YOUR DISPUTE CLAIM ---

Cardholder Signature

Date

Please return this form and any additional documents within 10 days to:

Mail: Westerra Credit Union, Attn: Card Services Dept. 3700 E. Alameda Ave. Denver, CO 80209 or

Fax: 1-855-610-5478, or

Scan and email: carddisputegroup@westerracu.com

Please call Card Services at 303-321-4209 with any questions and to verify the receipt of your form and documents.