



Mastercard Dispute Form

Use this form to dispute a debit card transaction. If you are disputing multiple charges, you must complete a separate form for each transaction.

- For the best chance at resolving your dispute, please be as thorough as possible.
- Provide your current contact information so we can reach you if we need additional information.
- If we are unable to resolve your dispute within 10 business days, we will issue a temporary credit to your account for the disputed amount.

Are you disputing more than one transaction?

Yes **No** If Yes, this form is number ____ of ____ (for example, 1 of 3)

Step 1. Your information

| | |
|-----------------------------|--------------|
| Cardholder Full Name | Phone |
|-----------------------------|--------------|

How should BECU contact you about this dispute? Email Mail

| |
|----------------------|
| Email Address |
|----------------------|

| |
|------------------------|
| Mailing Address |
|------------------------|

| | | |
|-------------|--------------|-----------------|
| City | State | ZIP Code |
|-------------|--------------|-----------------|

Step 2. Transaction details

| | |
|--------------------------------------|----------------------|
| Debit Card Number (16 digits) | Merchant Name |
|--------------------------------------|----------------------|

| | | |
|-----------------------|------------------------|---|
| Amount Charged | Amount Disputed | Date Transaction Posted to Account |
|-----------------------|------------------------|---|

Step 3. Dispute reason

Select **one** option, then complete the corresponding section below.

- A. Merchandise or services not received
- B. Charged more than once
- C. Charged the wrong amount
- D. Credit did not post to my account
- E. Paid by other means
- F. Returned merchandise
- G. Counterfeit goods
- H. Canceled a recurring transaction
- I. Charged for a hotel room I canceled
- J. Dissatisfied with merchandise or service

Step 4. Dispute details

Complete the section below for the reason selected in Step 3.

A. Merchandise or services not received

What was the expected delivery or pickup date? _____ (mm/dd/yyyy)

When did you contact the merchant about the missing items / service?

_____ (mm/dd/yyyy)

What was the outcome of the merchant contact?

Contact Outcome

Did you cancel with the merchant? Yes No

- If **Yes**, when? _____ (mm/dd/yyyy)

Did you follow the merchant's cancellation policy? Yes No

What merchandise/service was ordered or expected? Be as specific as possible.

Expected Merchandise/Service

B. Charged more than once

You were charged multiple times for one transaction.

Valid transaction amount: _____ Post date: _____

Invalid transaction amount: _____ Post date: _____

Additional dates/amounts (optional)

C. Charged the wrong amount



Attach a copy of the sales receipt or invoice showing the amount you authorized.

Amount authorized: _____ Amount charged: _____

D. Credit did not post to my account

Were you provided with a credit voucher, voided transaction receipt, or refund acknowledgment? Yes No

If **Yes**:

- What is the date on the credit voucher, voided transaction receipt, or refund acknowledgment? _____ (mm/dd/yyyy)
- Were you issued a partial credit? Yes No
 - If **Yes**, what was the amount of the partial credit? _____



Attach a copy of the credit voucher, voided transaction receipt, or refund acknowledgment.

E. Paid by other means



Attach proof that the charge was paid by other means, such as a copy of the canceled check (front and back), a cash receipt, or a billing statement from another card.

F. Returned merchandise

Date you received the merchandise: _____ (mm/dd/yyyy)

Did you attempt to return the merchandise? Yes No

What merchandise did you return, or attempt to return? _____

Reason for the return: _____

Were you able to complete the return? Yes No

- If **Yes**, provide the Return Merchandise Authorization (RMA) number: _____
- If **Yes**, provide a copy of the receipt and/or tracking number: _____

G. Counterfeit goods

Please describe how you determined the merchandise is counterfeit:

Description of counterfeit

Was the merchandise certified as counterfeit? Yes No

- If **Yes**, who provided the counterfeit certification? _____

H. Canceled a recurring transaction

Cancellation date: _____ Cancellation number: _____

Reason for cancellation: _____



Attach a copy of the communication (e.g., confirmation email, receipt, or screenshot) showing you canceled the transaction.

Did you follow the merchant's cancellation policy? Yes No

Did you receive any products? Yes No

Were you required to return any products? Yes No

- If **Yes**, provide the Return Merchandise Authorization (RMA) number: _____

Did you return any products? Yes No

- If **Yes**, provide a copy of the receipt and/or tracking number: _____



Attach proof of return

I. Charged for a hotel room that I canceled

Cancellation date: _____ Cancellation number: _____

Were you advised of the cancellation policy? Yes No

- If **Yes**, what were you advised? _____
-



Attach a copy of the hotel or booking website's cancellation policy.

J. Dissatisfied with merchandise or service

What was the merchandise or service that was purchased? _____

Describe the nature of your dispute and your attempts at resolution with the merchant.

Nature of dispute

Although we may attempt to recover the disputed funds from the merchant, BECU cannot guarantee results. Additional documentation may be required to process your dispute.



Attach copies of repair bills, contracts, second opinions from certified merchants on an invoice or official letterhead, or other supporting documentation.

Step 5. Acknowledgment and consent

By signing below, I certify that I personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose selected above. I understand that BECU will rely on such information in BECU's dealings with me.

Cardholder Signature

Date (mm/dd/yyyy)

If form is not submitted electronically, please return all pages of the completed and signed form to:

BECU
Attn: Card Services
PO Box 97050
Seattle, WA 98124-9750

BECU only

Employee Name

Location Name

Date (mm/dd/yyyy)

ID Verified

Person Number