Navy Federal Debit Card/Business Debit Card Statement of Dispute

If available, please provide documentation to support your claim. Please read each category in its entirety and ensure you have provided all available information. We may need additional information from you at various stages of your claim process. Please ensure your contact information is correct.

A. Please complete each item in this section.

Cardholders Name: First   MI   Last   Suffix

Debit Card Number | Checking Account Number | Access No.

Best Time to Be Reached | Cell Phone No. | Home Phone or Other Contact No.

Applicant Signature
▶ | Date (MM/DD/YY)

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

Merchant Name | Date Contacted Merchant (MM/DD/YY), If Applicable

Posting Date (MM/DD/YY) | Dollar Amount
$

B. Please check and complete the category that BEST describes your dispute.

☐ I am not disputing this charge. I would like a copy of the sales receipt only.

☐ **Duplicate Charge** | Date of First Charge (MM/DD/YY) | Date of Second Charge (MM/DD/YY)

☐ **Cancellation** | Date of Cancellation (MM/DD/YY) | Cancellation Number

Method of Cancellation

Were you advised of the cancellation policy? ☐ Yes ☐ No (If yes, please explain.)

Reason for Cancellation

☐ **Returned Merchandise** | Date of Return (MM/DD/YY) | Date Received by Merchant (if mailed)

Tracking Number | Shipping Company

Describe your attempt to resolve with the merchant.

Merchant's Response

If you have a credit slip or voucher or a refund acknowledgment that has not posted, please provide date of credit slip. | Date of Credit Slip (MM/DD/YY)

☐ **Purchase Paid by Another Method**   ☐ Cash   ☐ Check   ☐ Other credit/debit card   ☐ Other

Describe your attempt to resolve with the merchant, if applicable.

☐ **Non-Receipt of Goods or Services** *(not applicable for ATM disputes)*	Date Received by Merchant *(MM/DD/YY) (if mailed)*
☐ Merchandise/Tickets Not Received. Expected Receipt Date *(MM/DD/YY)* required	☐ Merchant Unwilling/Unable to Provide Service

Describe Merchandise/Service *(required)*

Describe your attempt to resolve with the merchant. *(required)*

☐ **Incorrect Transaction Amount**	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 the purchase was unsuitable for your needs. *(required)*

Date of Return *(MM/DD/YY) (required)*	Date Received by Merchant *(MM/DD/YY) (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.	

C. Additional Information or Comments