

Navy Federal® Credit Card Cardholder Statement of Dispute

Please provide supporting documentation with this form to assist us in our investigation and to substantiate your claim. Please read each category in its entirety and ensure you have provided all requested information. We may need additional information from you at various stages of your claims process. Please ensure your contact information is current. Please fax your completed form to **703-206-3679**.

A. Please complete each item in this section.		
Cardholder Name		
Access No.	Form of Payment Used ☐ MasterCard® ☐ Visa®	Credit Card No.
Best Contact No.	Email Address	

We are unable to place a "STOP PAYMENT" on a charge. In lieu of this, Visa/MasterCard and federal regulations extend billing rights to cardholders for billing errors or questionable transactions. To preserve these billing rights, you must notify Navy Federal within sixty (60) days of the closing of the statement on which the error or problem first appeared.

If you have a problem with the quality of the property or service purchased with your credit card, you must make a good faith attempt to resolve the dispute with the merchant. If you have not reached a resolution with the merchant, we strongly recommend you provide us specific documentation from an expert or professional that supports your dispute regarding the level of quality or misrepresentation described on the original receipt, invoice, work order, brochure, contract, and/or appraisal. Such documentation will be used in our pursuit of a credit for any portion of the amount(s) in question.

Please note: Provisional credits are not issued at the time a dispute claim is initiated.

Navy Federal will exert every effort through the dispute resolution process to assist you with your dispute claim; however, we cannot guarantee a favorable outcome.

I have verified the charge(s) to my account, and I dispute the following items:

Merchant Name			
Reference No.	Posting Date (MM/DD/YY)	Transaction Date (MM/DD/YY)	Dollar Amount \$
Cardholder Signature ▶			Date (MM/DD/YY)

B. Please check and complete the category that best describes your dispute. (*required information)

☐ **I am not disputing this charge.**

I would like a copy of the sales receipt only. *(If the charge is older than 90 days, a copy can only be requested for legal or tax purposes.)*

☐ **Duplicate charge**

Date of first charge _____
Date of second charge _____ Describe your attempt
to resolve with the merchant.* _____
Date of contact* _____

☐ **Incorrect transaction amount**

(A copy of the sales receipt must accompany this form.)
Describe your attempt to resolve with the merchant.* _____
The transaction posted for \$ _____ but should have
posted for \$ _____.

☐ **Purchase paid by another method**

(A copy of the cleared check, credit card statement, or cash receipt must accompany this form.)
☐ Cash ☐ Other credit/debit card
☐ Check ☐ Other method _____
Describe your attempt to resolve with the merchant.* _____

☐ **Cancellation**

(Please ensure that 15 days have passed from the date of cancellation.)
Date of cancellation* _____
Cancellation number _____
Method of cancellation _____
Spoke with _____
Reason for cancellation _____
Please provide the merchant's cancellation/refund policy.

☐ **Returned merchandise**

(Please ensure that 15 days have passed from the date of return.)
RMA or Return Authorization Number *(If applicable)* _____
Date of return* _____
Date received by the merchant _____
Method of return:
☐ USPS ☐ UPS ☐ FEDEX ☐ Other _____
Tracking number* _____
Describe your attempt to resolve with the merchant.* _____

Date of contact* _____
Merchant's response* _____

If you have a credit slip/voucher or refund acknowledgment that has not posted, please provide date of the credit. *(A copy must accompany this form.)*

