

Cardholder Dispute Form

ONCE COMPLETED, PLEASE EMAIL ALL PAGES OF THIS FO	RM TO: RISK_EMAIL@COOP.C	RG
Kinecta Credit Card #	Cardholder Name	
Cardholder Phone #	Disputed Amount \$	Post Date
Merchant Name	1	
Disputing More Than One Item? □ Yes □ No	If Yes, then this is number Only One Transaction Per Form	of (E.G. 1 of 3)
Email Address		
Signature Required		
BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO	RESOLVE THE DISPUTE WITH THE	MERCHANT
Select Type of Dispute (Check ONLY one)		
Did not recognize - Please attempt to contact the merchant	prior to disputing the charge.	
 When did the Cardholder contact the Merchant (mm/dd/yy) / 		
What was the outcome of the merchant contact?		
I was billed twice for a single purchase - Cardholder certifies All cards issued to me are in my possession.	one transaction is valid, but it p	oosted more than once.
Valid Transaction \$	Post Date	
Invalid Transaction \$	Post Date	
□ Membership Cancellation - Please enclose copy of letter, em	nail, or fax informing the mercha	nt of cancellation.
When did the cardholder contact the merchant?		
Reason for cancellation?		
Date of cancellation Cancellation #		
Were you advised of a cancellation policy? □ Yes □ No		
If yes, what were you told?		
 Merchandise was returned - You must attempt to return the signed proof of return or credit slip. What was ordered?		
• Merchant's response		



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□ I did not receive the merchandise - Please contact the merchant and notify us of the outcome.		
When did the cardholder contact the merchant?		
What was the outcome of the merchant contact?		
• What was the expected delivery date? / Pickup date? / /		
What was the merchandise that was ordered?		
□ I was overcharged for the purchase - Please include a copy of the signed sales receipt.		
□ My credit posted as a sale - Please attach a copy of the credit slip and the original sales slip.		
The credit did not post to my account - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.		
I paid by other means - You must provide proof of payment by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.		
When did the cardholder contact the merchant?		
What was the outcome of the merchant contact?		
□ I was charged for a hotel room, which I cancelled - Cancellation number is required.		
Were you advised of a cancellation policy? □ Yes □ No		
• If Yes, what was the policy?		
Cancellation number (REQUIRED) Cancel date / /		
 Copy of phone bill showing you contacted the merchant to cancel. 		
Service Dispute - Please describe the nature of your dispute and your attempt(s) at resolution on a <u>separate sheet of paper</u> <u>and attach to this form</u> . Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.		
I did not authorize this charge - I certify that I did not authorize or participate in this transaction with the abovementioned merchant, nor did I authorize anyone else to use my card. To use this option, you must report your card lost or stolen. If you have not, please call 877.881.6023 before sending in this form.		
 If this was for a hotel room, did you request a reservation? □ No □ Yes If Yes, this is not an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons above. 		
□ Other - Please enclose a DETAILED description on a SEPARATE SHEET and attach it to this form.		