

* This form cannot be used to report unauthorized or fraudulent transactions

For expedited service, please log onto **PenFed Online** and go to More Account Actions / Card Transaction Dispute to submit this form electronically.

Do not complete this form if you believe your credit, debit or ATM card has been compromised or stolen, or do not recognize a transaction. Please call Card Security at 1-866-820-8875 immediately.

All disputes must be submitted within 60 days from the closing date of the statement on which the disputed transaction first appeared.

Cardh	nolder Name:				
Merchant/Service Provider Name:		Contact Phone Number: Member Number: Member Number: Amount of the Disputed Transaction \$			
			Secti	ion <u>1</u> :	
				e tell us why you are disputing the transaction not <i>ing transactions cannot be disputed</i>)	ted by checking one box and include details in Section 2, if needed.
	The ATM transaction amount is incorrect.				
	Amount Requested: \$ Amo	ount Dispensed/Received: \$			
	My account was charged twice for the same ATM or point of sale or ecommerce/card on file transaction.				
	Date of Original Charge (MM/DD/YYYY):	Amount of Original Charge: \$			
	l used another form of payment (cash, check, other credit card) for this transaction. (You must provide proof (transaction receipt or invoice) that substantiates that you paid by alternative means.)				
	I was billed the wrong amount.				
	Should have been Billed: \$	Was Billed: \$			
	I was notified that I would receive 🗆 a full credit or 🗆 a partial credit (select one), but the credit was not applied to my account.				
	Date Credit was Expected (MM/DD/YYYY):	Amount of Credit: \$ <i>I supply copy of the credit slip or other evidence.)</i>			
For th this fo		he dispute directly with the Merchant or Service Provider before submitting			
	I attempted to cancel with the merchant/service provider but was still charged.				
	Date of Cancellation (MM/DD/YYYY):	Cancellation Number:			
	Date of Attempt to Resolve (MM/DD/YYYY):				
	What was cancelled? (If merchandise, what was ordered? If service, what was requested/expected?)				
	(You must contact the merchant in an attempt to res response.)	solve the issue. Please explain in Section 2 the details regarding the merchant's			
	I have not received the merchandise or service.				
	Expected Service/Delivery (MM/DD/YYYY):	Date of Attempt to Resolve (MM/DD/YYYY):			
	Type of Merchandise/Service (be specific):				
	(You must contact the merchant and advise that no merchandise or services were received. Please explain in Section 2 the details regarding the merchant's response.)				
	The merchandise or services received were defective, damaged or not as described. (Please explain in Section 2 the details about the defect, damage or the specifics about the description error.)				
	Date of Attempt to Resolve (MM/DD/YYYY):	Returned Merchandise on (MM/DD/YYYY):			
		solve the issue. Please explain in Section 2 the details regarding the merchant's en received; what was defective or not as described. Please supply proof of return			

Section 2: Use this section to provide a detailed explanation of your dispute.

X Signature:

Date:



Please go to PenFed.org and log in to your account to submit your dispute case. The dispute process is located under the **More Account Info and Actions** menu.



Or upload via: PenFed.org/Upload Select Category > <u>Card Services</u> and Document Type > <u>Card Dispute</u>

- Please ensure all supporting documentation is included with your response, as this will assist PenFed in investigating the dispute with the merchant in a timely manner. We may request additional documentation regarding your dispute.
- Do not complete this form if you believe your credit, debit or ATM card has been compromised or stolen, or do not recog-nize a transaction. Please call Card Security at 1-866-820-8875 immediately.
- PenFed cannot place a "stop payment" on a charge.
- Pending transactions cannot be disputed.