



Letter of Dispute Form

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: Call Text Email

Account Number or Card Number: _____

At time of transaction my card was: in my possession lost stolen

Transaction(s):

Date	Merchant	Amount
		\$
		\$
		\$
		\$
		\$

Give a detailed explanation of why you are disputing the charge(s) and list what steps have been taken to resolve the dispute with the merchant:

Attach all additional information including copies of any pertinent documentation (receipts, emails, tracking numbers, etc.)

Cardholder Signature* _____ Date: _____

*By signing this Letter of Dispute you hereby acknowledge that you have read and agree to all terms and that all information given is accurate.

Failure to complete this form in its entirety may cause the dispute to be rejected and the transaction to be represented to your account. Please allow Mastercard at least 10 business days to begin processing. The entire dispute process may take up to 210 days for domestic disputes and 310 days for international disputes. Please be aware that initial credit is provisional on the decision of Mastercard or the correction from the merchant and can be recalled at any time.

Email to: cards@beehive.org
 Fax to: (208)656-8585
 Mail to: Beehive Federal Credit Union, PO Box 40, Rexburg, ID 83440

Teller Number: _____