

Notification of Disputed Transaction

Account Information

Name:

Card Number:

Card Type: ATM Debit Credit

Member Number:

Street Address:

City, State & Zip:

Daytime Phone Number:

Evening Phone Number:

Transaction Information

Transaction Date

Merchant Name

Dollar Amount

1. ___/___/___

What was purchased? Merchandise Services

Describe the Merchandise/Services Purchased:

Dispute Reason

Please select ONE item below that best describes the details of your dispute. Please note that it may not be possible to assist you with your dispute unless all relevant information or documents are submitted with this form.

MULTIPLE PROCESSING

I have been billed multiple times (2 or more) for the same purchase. The original charge posted to my account on ___/___/___.

DIFFERENCE IN AMOUNT

The amount on my sales slip differs from the amount billed. Enclosed is my receipt showing the correct amount.

PAID BY OTHER MEANS

The charge(s) was paid by another method. The charge was paid by Cash Debit/Credit Card Check Other. Enclosed is a copy of the proof of payment (cancelled check, receipt or account statement).

CANCELLED TRANSACTION

I cancelled this recurring transaction with the merchant on ___/___/___. No charges after this date are authorized from this merchant. I was advised of the cancellation policy Yes No.

CREDIT NOT RECEIVED

I was given a credit slip or refund acknowledgement by the merchant on ___/___/___, but the credit has not yet posted to my account. Attached is a copy of the credit slip/refund acknowledgement. *If no credit slip/refund acknowledgment given, please provide merchant's response in Attempt To Resolve/Additional Details section.

CANCELLED RESERVATION

I cancelled this reservation with the hotel/lodging merchant on ___/___/___. The cancellation number provided to me is: _____. *If no cancellation number given, were you advised of the cancellation policy Yes No. Please provide additional information or merchant's response in Attempt To Resolve/Additional Details section.

ATM DISCREPANCY

The incorrect amount was dispensed from an ATM. No funds received Portion of funds received - Total received: _____

MERCHANDISE/SERVICES NOT RECEIVED

I have not received the merchandise/services which were expected on ___/___/___. I have contacted the merchant on ___/___/___ but a credit has yet to post to my account. Was the merchant unwilling or unable to provide the merchandise/services Yes No. *Please provide additional information or merchant's response in Attempt To Resolve/Additional Details section.

Cardholder Signature: _____ Date: _____

For Credit Union Use Only

Associate Name	Teller	Date ___/___/___	CS Associate Teller	Date ___/___/___
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MERCHANDISE RETURNED

I have returned the merchandise on ____/____/____ and requested a refund from the merchant. My Return Authorization Number (RAN) or cancellation number is: _____. The merchandise was returned via USPS FedEx UPS Other. My tracking# _____. *Please provide additional information or merchant's response in Attempt To Resolve/Additional Details section.

NOT AS DESCRIBED

The merchandise/services are different from what was ordered or described. I have detailed what was expected, what was received, and indicated my attempt to return below. *Please provide additional information or merchant's response in Attempt To Resolve/Additional Details section.

DEFECTIVE MERCHANDISE

The merchandise ordered and received was damaged or defective. I have contacted the merchant and still did not receive resolution. A detailed explanation including my attempt to return is detailed below. *Please provide additional information or merchant's response in Attempt To Resolve/Additional Details section.

Attempt To Resolve/Additional Details

Did you attempt to resolve with the merchant? Yes No

Date of most recent contact with merchant: ____/____/____

Contact Name:

How did you contact the merchant? Phone Email Letter In person

Please describe the attempt to resolve with the merchant:

Additional Details:

Cardholder Signature: _____ Date: _____