

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 Informatio	n			
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 ne	umber provided to r	me
is:	*If no cancellation number given, we	ere you advised o	f the cancellation p	olicy Yes No.	Please provide
additional information or me	erchant's response in Attempt To Re	solve/Additional I	Details section.		

ATM DISCREPANCY

The incorrect amount was dispensed from an AT	TM. I 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 was 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? \Box Yes \Box No
Date of most recent contact with merchant://
Contact Name:

Please describe the attempt to resolve with the merchant:

Additional Details:

Date: