

Notification of Disputed Transaction – Not Elsewhere Classified

Member Name: _____ **Card #:** _____

Transaction Date	Settlement Date	Merchant Name	Transaction Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***For Fraudulent Transaction(s), Merchandise Not As Described/Defective, Canceled Service/Merchandise or Merchandise/Services Not Received please do NOT use this form. Please use appropriate form.**

I am disputing the transaction(s) in questions because of the following reason(s):

() The charge(s) was paid by another method. Enclosed is a copy of the cancelled check or cash/credit receipt.

*****Did cardholder attempt to resolve with the merchant? () Yes () No

If YES: Spoke with _____ On Date: _____ Merchant's Response:

If NO: Why Not?

() I returned merchandise on ___/___/___ via () USPS () FedEx () UPS () other _____
Please provide copy of shipping receipt.

*****Did cardholder attempt to resolve with the merchant? () Yes () No

If YES: Spoke with _____ On Date: _____ Merchant's Response:

If NO: Why Not?

() I have been billed multiple times for the same purchase. The original charge posted to my account on ___/___/___ . I am providing a copy of my credit union statement showing the multiple purchases.

() I cancelled this recurring charge with the merchant on ___/___/___ .

() The transaction(s) posted to a closed account. The account has been closed since ___/___/___ and the merchant did not obtain an authorization.

() The transaction(s) was declined and the merchant posted it without proper authorization.

() The transaction(s) does not match any account number on the Credit Union's Master File.

() The amount signed for on the sales draft differs from the amount the merchant posted to my account. Attached is a copy of my sales draft showing the amount that I authorized.

() I returned merchandise and have a signed credit receipt and the merchant has not posted my credit. Please provide a copy of the credit receipt.

() The transaction(s) occurred on an expired card. The expiration date of the card was ___/___/___ .

() The transaction(s) date is more than 30 days past the settlement date.

Member contact phone numbers: _____

******The cardholder is not required to sign this form******