

CARDHOLDER DISPUTED ITEM STATEMENT

Credit Union Account Number _____

Credit Union Team Member initials _____

If a transaction(s) appears on your statement that you believe is an error, please complete, sign and return this form using blue or black ink. This form must be received at the credit union address, stated at the bottom of this form, within 60 days of the transaction posting date.

Name: _____

Email Address : _____

Complete Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Check if the the above address/email /phone number is new and you authorize this change: _____

Member signature

Type of Loss: Lost Stolen Card was in my possession at the time the transaction(s) occurred.

Complete 16 digit Card Number : _____ - _____ - _____ - _____

EMV Chip Card? Yes No

I have examined the charge(s) on my account and question the following transaction(s):
(Attach additional sheets if necessary.)

Merchant Name:	Amount:	Transaction Date:

The following explains my dispute:

- I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.
- I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized.
- I certify that I participated in the above transaction, but have not received the merchandise. (Describe in detail the merchandise or services you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant on the additional space provided)
- I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on _____ (date) per the merchant's instructions and have not received credit. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on _____ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on _____ and canceled my reservation. (Please provide full details on the additional space provided.)
 - My cancellation number is _____
 - I was not given a cancellation number.
- The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant's response.)

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The merchandise/services were not as described. (If purchase was made over the phone please indicate what was not as described. Otherwise, please provide written documentation as to what was not as described. ie: color, quantity, etc.)

Other. Describe below. Descriptions of transactions should be typed or written clearly. (Attach additional sheets if necessary.)

In dispute cases, you are required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:

Attempt to Resolve Information:

- Date of contact: _____
- Contact method: Telephone E-mail In-person Other(describe) _____

- Merchant’s response:

Attach documentation of proof of contact (i.e. phone record, email etc).

PROVISIONAL CREDIT:

_____ (Member’s initials): I understand that I may receive a provisional credit for the transactions above. If the dispute is found to be in the merchant’s favor, I understand that the credit union will withdraw the provisional credit from my account.

I certify the information is true and correct to the best of my ability.

Cardholder Signature _____ **Date:** _____

Return this completed dispute form and all pertinent documentation to:

NE PA Community Federal Credit Union
337 Clay Avenue
Stroudsburg, PA 18360

Provisional Credit Date _____ Chargeback Date _____ Date Closed _____