Notification of Disputed Transaction – Not Elsewhere Classified

FORM 4

Member Name: _____ **Debit Card #:** _____
Card Expiration: _____

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

If YES: Spoke with_____ On Date: ____/____/____
M D Y

Merchant's Response:
_____
_____

If NO: Explain why not: _____
_____

II. I am disputing the transaction(s) in questions because of the following reason. Check One:

( ) The charge(s) was paid by another method.
Required documentation: **Include a copy of the cancelled check, cash/credit card receipt or other payment instrument**.

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

( ) 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**.
M D Y

( ) I cancelled this recurring charge with the merchant on ____/____/____.
M D Y

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

( ) 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 ____/____/____.
M D Y

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

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

Member Account # _____ **Teller Initials:** _____