

Notification of Disputed Transaction – Not Elsewhere Classified

FORM 4

Member Name: _____ Card #: _____

Card Type Debit Credit

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.

() Services Not Rendered-ATM (Network ID VNT as shown in Data Navigator: The transaction must have routed thru VNT to dispute through Visa)

() No Funds were dispersed.

() Only a portion of requested funds were dispersed. I requested \$_____ and only received \$_____.

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