

**WHEN COMPLETE, PLEASE
FAX BACK TO:
323.851.5633**

**NOTIFICATION OF DISPUTED TRANSACTION
NOT ELSEWHERE CLASSIFIED**

Member Name: _____ **Debit Card #:** _____
Home Phone #: _____ **Work Phone #:** _____

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

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

I. Did the cardholder attempt to resolve with the merchant? Yes No
If YES – Spoke with: _____ On date: ___/___/___
 Merchant’s Response: _____

If NO – Explain why not: _____

II. I am disputing the transaction(s) in questions because of the following reason. Please 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 the merchandise on ___/___/___ via USPS FedEx UPS Other: _____
Please provide a copy of the shipping receipt.
- I have been billed multiple times for the same purchase. The original charge was 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 report.
- 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 Signature _____ Date _____

****** This form MUST be signed by the cardholder ******