

Cardholder Disputed Item Statement

Name: _____ Home Phone: _____
 Street Address: _____ Work Phone: _____
 City, State, Zip: _____ Card Number: _____
 Email: _____ EMV Chip Card? Yes No

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

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.)
- 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.)
- I would like a copy of the sales draft. (Reason for request)



Provisional Credit Authorization Form

Date: _____

Name: _____

Credit Union Account Number #: _____

I, _____ (Cardholder's Name) _____ (Cardholder's account #)

accept the provisional credit amount of \$_____.

I do understand that I am responsible for the first \$50.00 of my dispute. I do understand that this credit amount may only be a temporary credit. I do understand if the final outcome is against my favor and the amount listed above could be deducted out of my account from C-E Federal Credit Union.

(Signature of Cardholder) (Date)

(Print Name of Cardholder) (Date)

Office Use Only:

Provisional Amount: \$_____

Approved By: _____

****Please include copy of transaction(s) print outs****