

## Notification of Disputed Transaction

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation directly with the merchant, please complete and sign a copy of this form using blue or black ink. This form **must be received** at NIH Federal Credit Union **within 60 days** of the closing date as printed on your statement. Please include a copy of your statement underlining the disputed transaction. Failure to report the disputed transactions within the 60 day time period increases the limit of liability. Note: Please complete *Section A* only if you have a dispute regarding a signature based transaction. If you have a dispute regarding an ATM withdrawal, ATM Deposit or a Point of Sale transaction please only complete *Section B*. If you have **Unauthorized Transactions** this is not the correct form. The card(s) used in an unauthorized transaction must be blocked. The cardholder will be required to complete and sign the "Affidavit of Fraudulent Use of a Credit, Debit or ATM Card" form which must be notarized and returned along with a police report. The cardholder will be liable for the first \$50.00.

Member Number: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Disputed Amount: \_\_\_\_\_ Merchant's Name (If applicable): \_\_\_\_\_

### Section A:

- I contacted the merchant on \_\_\_\_\_ in an attempt to resolve this dispute. Their response was:  
\_\_\_\_\_
- Although I did participate in a transaction with the merchant, I was billed for \_\_\_\_ transactions totaling \$\_\_\_\_\_ that I did not participate in. I have all of my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.
- I have not received the merchandise that was to have been shipped to me. Expected date of delivery was \_\_\_\_\_.
- I have returned merchandise on \_\_\_\_\_ because \_\_\_\_\_. Please provide proof of return, such as a copy of the UPS, FedEx, or certified mail receipt. (This is required.)
- The attached credit slip was listed as a charge on my statement.
- I was issued a credit slip for \$\_\_\_\_\_ on \_\_\_\_\_, which did not appear on my statement. A copy of the credit slip is enclosed.
- Merchandise, which was shipped to me, arrived damaged and/or defective on \_\_\_\_\_. A copy of my credit slip and/or postal receipt is enclosed.
- I have been billed an incorrect amount. My credit card receipt shows \$\_\_\_\_\_. However, I was billed \$\_\_\_\_\_ (Please send a copy of your sales receipt.)
- I have been billed more than once for the same transaction. I authorized only one charge with the merchant for (Please send a copy of your sales receipt.)
- I notified the merchant on \_\_\_\_\_ to cancel the preauthorized order (reservation). My cancellation number is \_\_\_\_\_. The reason I cancelled was \_\_\_\_\_ (If you do not have a cancellation number please provide a copy of your phone bill showing both the date and time of the reservation.)
- I cancelled the transaction, which was charged to my account by the above referenced merchant on \_\_\_\_\_. I cancelled the charge prior to the transaction date.
- The transaction was paid by other means. (Please provide a copy of your cash receipt, or the front and back of your cancelled check or a copy of your statement if another credit card was used.)

### Section B:

#### ATM and PIN-Based (POS) Transactions Only

A copy of the ATM receipt must be provided.

Type of Transaction (select only one):  ATM Withdrawal  Point of Sale (PIN used during transaction)  ATM Deposit

Transaction Data: Amount requested \$\_\_\_\_\_ Amount deposited \$\_\_\_\_\_ **Type of Deposit:**  Check  Cash

Type of Error:  No cash received  Partial amount dispensed  Unrecognized charge

If partial amount, how much was received? \$\_\_\_\_\_

ATM Location: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

