

Notification Of Disputed Transaction

Cardholder's Name: _____

Card Number: _____

Signature: _____

Date: _____

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation 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.

Transaction Amount: \$ _____

Transaction Date: _____

Disputed Amount: \$ _____

Reference #: _____

Merchant's Name: _____

- I contacted the merchant on _____ in an attempt to resolve this dispute. Their response was: _____
- I certify that to the best of my knowledge, the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge.
- I certify that to the best of my knowledge, I did not participate in nor authorize the above referenced mail order or telephone order transaction(s). I understand that no signed or imprinted sales slip copy is available for verification purposes.
- Although I did participate in a transaction with the merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not participate in, nor did anyone else authorized to use my card. 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 _____. I returned it 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 _____. I _____ informed of the cancellation policy when I made the reservation. 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, and the cancellation call.)
- I cancelled the _____ 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.)

To expedite the processing of your dispute, **DO NOT** mail this form with your payment.
Please remember to include the documentation to support your dispute.