



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 "Fraudulent Use of a Credit, Debit or ATM Card" form and may be required to be returned with a police report. The cardholder may 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: _____

