

Cardholder Dispute Form

Please **completely** fill in all information regarding the disputed transaction(s) on your plastic card. Please sign and date this form at the bottom when completed and return the form to any Telco employee or you may fax the signed form to 828-255-9347. Once this form is completed and signed, we will forward the information to our merchant bank and they will proceed with an investigation into the disputed transaction(s). **Provisional credit isn't given on all accounts. The dispute will be looked at by accounting to see if the account qualifies.** Pending the results of the investigation, the provisional credit may or may not be reversed from your account. We will forward to you any information regarding the case upon request. Please call your location branch (828) 252-6458 for any questions regarding the investigation. *** For disputed transactions, your card will be immediately blocked upon receipt of this signed form. Subject to Federal Regulation E, disputed transactions must be reported to the Credit Union within 60 days of statement date which the posted transaction is shown. ***

Card Type (please circle one): ATM Card Debit (Check) Card Credit Card

Print Name _____ Home Phone () _____
Address _____ Work Phone () _____
_____ Card Number _____
E-mail Address: _____

I have examined the charges on my credit card and question the following transaction(s) (attach additional sheets if necessary):

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

Type of Loss: ____lost ____stolen ____ card was in my possession at the time the transaction(s) occurred.

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 your attempts to resolve the matter with the merchant as well as the expected date of delivery 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. Enclosed is a copy of the signed return receipt. (If applicable)

_____ I contacted the merchant on _____ and canceled the monthly recurring transaction.

_____ 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) _____

_____ I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me.

_____ Other. Describe below. Descriptions of transactions should be typed or written clearly. Attach additional sheets if necessary.

In dispute cases *except* those related to lost/stolen/counterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a Mastercard dispute. Please describe your attempt to resolve in the following sections: Attempt to Resolve Information:

- I have made an attempt to resolve with the merchant. (circle one) YES NO
- Date of contact: _____
- Contact method: Telephone E-mail In-person Other (describe) _____
- Merchant's response: _____
- If no attempt, why not? _____

Additional Comments:

I give my consent to the credit union to release any information regarding this transaction to any local, state and /or federal law enforcement agency so that the information can, if necessary, be used in the investigation and /or prosecution of any person(s) who may be responsible for fraud involving my account. I will testify, declare, depose or certify to the truth of any or all of the foregoing before any competent tribunal, officer or person; and I will cooperate fully in the prosecution of the person or persons responsible for the foregoing transactions. I swear the above information is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

I also agree that if the merchant bank requests for additional information in order to proceed with the investigation and do not provide this information within the time specified in the letter requesting this information, Telco Community Credit Union has the right to revoke the provisional credit and represent (debit) the item back against my account.

Member Signature _____ Date _____