

Notification of Dispute

Please check only one statement that pertains to the dispute being filed and provide the information requested. **ALL QUESTIONS** must be completed in the selected dispute type or the request cannot be processed and will be returned for completion. Submit this form and supporting documentation via CUTAC.

Credit Union Name:

KLOGO

Date Claim Submitted			
Cardholder Name			
Cardholder Address			
Home Phone		Work Phone	
Card Number			
Transaction Amount	\$	Disputed Amount	\$
Transaction Date		Sequence Number	

Required Merchant Information:

Merchant Name		Date cardholder attempted to resolve dispute with merchant	
Who did the cardholder contact?		What method did the cardholder use?	

Required Information – Detail the results of the merchants’ response in attempting to resolve the dispute:

Select ONLY one of the following dispute claim types:

Non Receipt of Merchandise or Service [Member did not receive merchandise or service ordered by agreed upon date]

What was purchased?	
Date you expected to receive the merchandise or service:	
If merchandise, was it to be shipped or picked up?	

Incorrect Amount [Member was billed the wrong amount]

What was the amount you should have been billed? <i>Please provide receipt if available</i>	
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Duplicate Charge or Paid by Other Means [Member paid for transaction via another payment method or card]

Paid By – please indicate method <i>Please provide a copy of the cash receipt, the front and back of the cancelled check or copy of the statement if another card was used</i>	
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Cancelled [Member was charged for something member previously cancelled]

What was purchased?			
Were you advised of the merchant’s cancellation policy?		If so, how were you advised?	
What was your method of cancellation? Ex: Phone, Mail, Email		Date of cancellation?	
Cancellation number and/or name of person you spoke with: <i>If you canceled by phone or email, please provide a copy of the phone or email correspondence.</i>			

Merchandise not as Described [The merchandise member received was damaged, defective, or not what member ordered]

What was purchased?	
Date the merchandise was received:	
Date you returned the merchandise or made it available for pick up:	
Return authorization number or cancellation number if available:	
Method Used (ex: USPS, UPS, Fedex, etc.) and tracking number for returned merchandise:	

Service not as Described [The service member received was not what member expected based on the description provided by the merchant]

What was purchased?	
Date the service was received:	
Date you cancelled or attempted to cancel the service:	
Was merchandise received with the service?	
If yes, please provide the following:	
Date you returned the merchandise or made it available for pick up:	
Return authorization number or cancellation number if available:	
Method Used (ex: USPS, UPS, Fedex, etc.) and tracking number for returned merchandise:	

Credit not Processed [Member did not receive credit that was promised to the member by the merchant]

What was purchased?	
Expected date of credit:	
Date merchandise or service was received:	
Date merchandise or service was returned or cancelled:	
If credit is for merchandise, please provide the following:	
Date you returned the merchandise or made it available for pick up:	Return authorization number or cancellation number if available:
Method used and tracking number for returned merchandise: <i>Please provide a copy of the return receipt or proof of return, such as a postal receipt if applicable. Please provide any documentation you have, such as a credit voucher, that supports your claim the merchant promised you a credit.</i>	

Incorrect Account Number [The transaction was processed with an account number which does not belong to any cardholder or is incorrect]

Is the account number on the issuers Cardbase?	
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Additional information:

Cardholder Signature: _____ **Date:** _____