

## Plastic Card Dispute Form

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 within 60 days of the closing date as printed on your statement.** Please include a copy of your statement highlighting the disputed transactions.

### **Cardholder information (REQUIRED)**

Visa Card Account Number \_\_\_\_\_ Account #: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Cardholder Telephone Number \_\_\_\_\_

### **Transaction information (REQUIRED)**

Merchant Name \_\_\_\_\_

Merchant Location \_\_\_\_\_

Transaction amount \_\_\_\_\_ Transaction Date \_\_\_\_\_

Amount of Dispute \_\_\_\_\_

### **Did you attempt to resolve the dispute with the merchant? (REQUIRED)**

Yes Spoke with \_\_\_\_\_ on (date) \_\_\_\_\_

Merchant's response \_\_\_\_\_

No Reason merchant was not contacted \_\_\_\_\_

### **Reason for dispute (REQUIRED)**

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 do have all my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.

The same transaction was posted twice to my account. (Please send a copy of your sales receipt)

The amount of the transaction is incorrect. My receipt is for \$\_\_\_\_\_, however I was billed \$\_\_\_\_\_. (A copy of your receipt must be attached.)

I cancelled **services** or **merchandise (CHECK ONE)**, but was still billed for the transaction.

Date of cancellation (REQUIRED) \_\_\_\_\_ Spoke with: \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

I **was** **was not (CHECK ONE)** informed of the cancellation policy when I made the reservation.

Cancellation Number (REQUIRED) \_\_\_\_\_

I returned merchandise, and have not received a credit. **(Attach return receipt.)**

Date returned \_\_\_\_\_ Date received by merchant \_\_\_\_\_ RMA# \_\_\_\_\_

Shipping company name \_\_\_\_\_ Shipping/tracking # \_\_\_\_\_

Address shipped to \_\_\_\_\_

Who signed for the package? \_\_\_\_\_ Reason for Return \_\_\_\_\_

I have a credit voucher, letter of intent to credit, or a refund acknowledgment that has not posted. (If available, please attach copy.)

Date of credit \_\_\_\_\_ Any invoice/receipt number of the credit \_\_\_\_\_ Amount \$ \_\_\_\_\_

I did not receive **merchandise** or **services** that I ordered. **(CHECK ONE)**

What was the expected date of receipt for the merchandise or services? \_\_\_\_\_

Description of merchandise or services purchased \_\_\_\_\_

I paid for the purchase using another method. You are **REQUIRED** to attach proof. i.e. a front and back of a cancelled check, or a copy of statement if another card was used.)

My dispute is about the quality of **services** or **merchandise** that I received. **(CHECK ONE)** Use the following space to describe one or more of the following: **(REQUIRED)**

Has the merchandise been returned? \_\_\_\_\_ (if yes, also complete the returned merchandise section of this form. If no, explain why on the lines provided below). If your dispute is about the differences between what was ordered and what was received, please provide a detailed explanation. Was the product defective? Why was item unsuitable for your needs?

---

---

Other. (Describe below. Please include what attempts have been made to contact the merchant and resolve.)

---

---

**ATM Transaction Dispute. (Receipt must be attached for ATM disputes, must allow 5 business days for ATM owner to make correction.)**

I acknowledge participation in the ATM transaction, but I did not receive any funds.

I acknowledge participation in the ATM transaction, but I only received a portion of the funds. I requested \$\_\_\_\_\_, but only received \$\_\_\_\_\_.

I acknowledge participation in the ATM transaction, but it was posted twice.

Receipt not requested or did not print at ATM.

Please attach any type of agreement or contract that you may have with this merchant. If you have any other documents that may be pertinent to your dispute, please send a copy.

Signature \_\_\_\_\_ Date \_\_\_\_\_ **(REQUIRED)**

**Return this dispute form and other documents to:**

**LVECU Attn: Plastic Card Dept.**

**3720 Hamilton Blvd**

**Allentown, PA 18103 Fax: (610) 435-4374**

**Credit Union Use Only**

\_\_\_\_\_  
**Staff Initials**