

Statement of Disputed Item(s) for a Credit Card Account

In Case of Errors or Questions About Your Credit Card Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at the inquiries address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information: your name and account number; the dollar amount of the suspected error; describe the error and explain why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in dispute while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your inquiry, we cannot report the amount you question as delinquent or take any action to collect that amount.

Special Rule for Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the Merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the Merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

Cardholder Statement of Disputed Items

Please note: To help us resolve your dispute in a timely manner, we require that you send us copies of any information relating to your dispute, i.e. statements, copies of charges, detailed letter, contracts, or return receipts.

I have examined the charges made to my account and dispute the following item(s):

Name _____ Home Phone _____
Account Number _____ Business Phone _____
Amount(s) in Dispute _____ Transaction Date(s) _____
Reference Number (s) _____ Merchant Name (s) _____

Please select the most appropriate reason for you dispute to aid us in the settling of your disputed item(s).

1. () I certify that the charge(s) listed above was/were not made by me or a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by me or a person authorized by me (if you do not recognize a sale, please choose this option.)
2. () I have not received the merchandise which was to have been shipped to me. I have written the Merchant to request credit. Enclosed is a copy of the letter.
3. () Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the Merchant and requested a credit adjustment. I either did not receive the credit, or it was unsatisfactory. I am disputing the charge because: _____
4. () I certify that the charge in question was a single transaction, but was posted twice in error to my statement. I did not authorize the second transaction. (Please note on which dates the sales in question were posted to your account.)
5. () I returned the merchandise on _____ (date) because (enclose proof of return) _____.
6. () Other _____

Cardholder Signature Date Cardholder Signature* Date

**If there is a co-applicant on the account, his/her signature must appear here or the dispute cannot be processed.*

FOR CREDIT UNION USE ONLY: FORWARD TO CARD SERVICES.

Date Affidavit Completed: _____ Employee Teller Number: _____ Branch: _____