



# Credit/Debit Card Dispute Form

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ElementFCU.org

## All About Me

My Name: \_\_\_\_\_ My Account#: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My phone numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

My 16 digit card number is: \_\_\_\_\_ Total Dollar Amount: \$ \_\_\_\_\_

## The ONE Category That Best Describes My Dispute Is:

- I certify that I did not make this purchase. A signed and notarized Affidavit of Forgery is REQUIRED.
- The purchase was made by cash, check or credit card, but also appeared on my statement. A copy of a) the cash receipt or b) the front and back of the cancelled check or c) the statement on which the purchase appears is REQUIRED.
- The amount I purchased is different from the amount billed. A copy of the sales slip or packing invoice for mail orders is REQUIRED.
- I have received a credit slip and the credit has not appeared on my statement. A copy of your credit slip is REQUIRED.
- I have received an "In Store Credit Slip" and request that my account be credited. The ORIGINAL "In Store Credit Slip" is REQUIRED.
- I did authorize the sale. HOWEVER:
  - I have not received the merchandise. The expected delivery date is/was \_\_\_\_\_.
  - I have not received the expected service. Explain in full on backside. Copy of contract/agreement is REQUIRED.
  - The merchandise received was defective and was returned on \_\_\_\_\_. Proof of return and explanation of the defect is REQUIRED.
  - I attempted to cancel this purchase with the merchant on \_\_\_\_\_. A copy of any correspondence between you and the merchant is REQUIRED.
  - This sale was a cancelled hotel reservation. My cancellation number is \_\_\_\_\_. Date of cancellation: \_\_\_\_\_.
  - Only one sale was authorized. The amount in question is a duplicate of a sale which was charged to my account on \_\_\_\_\_. The card(s) is/are still in my possession.

## Affidavit

I certify I have exhausted all means to obtain credit directly from the merchant. I swear this dispute is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines or imprisonment. A false sworn statement may also result in the revocation of credit union membership and/or privileges. I give my consent to the credit union to release any information regarding my card and/or account 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 card and/or account. I understand I may be required to comply with a court order or subpoena to give testimony. I give my consent to have this dispute/claim reviewed by a credit union investigator and understand that I may be asked to provide additional details for the investigation. I also understand that incomplete information could result in the decline of my dispute.

X \_\_\_\_\_ X \_\_\_\_\_

My Signature

Date

## THIS SECTION IS FOR CREDIT UNION USE ONLY

This dispute form was processed by \_\_\_\_\_ on \_\_\_\_\_  
employee name date

