

## Cardholder Disputed Item Statement

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ EMV Chip Card? Yes  No

Type of Loss:  Lost  Stolen  Card was in my possession at the time the transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):  
 (Attach additional sheets if necessary.)

| Merchant Name: | Amount: | Transaction Date: |
|----------------|---------|-------------------|
|                |         |                   |
|                |         |                   |
|                |         |                   |
|                |         |                   |

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 in detail the merchandise or services you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant 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. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on \_\_\_\_\_ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- 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) \_\_\_\_\_



# Provisional Credit Authorization Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I, \_\_\_\_\_ (member's name) \_\_\_\_\_

(account number) accept the provisional credit amount of \$ \_\_\_\_\_.

**I do understand that this particular credit amount is only a temporary credit. I do understand that no matter what the final decision maybe (in my favor or against my favor); that the amount listed above will be deducted out of my account from C-E Federal Credit Union.**

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Phone Number)

Office Use Only:

Provisional Amount: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

\*\* Please include copy of transaction(s) print outs\*\*