

CARD \_\_\_\_\_ PAGE \_\_\_\_OF\_\_\_\_

Iniversity
University
PO Box 9350 • Austin, Texas 78766-9350

## CARDHOLDER DISPUTE FORM

Cardholder Name	Card Number
Transaction DateMe	rchant Name
Transaction Amount(s) \$	Total Dispute Amount \$
<ul> <li>State statutes and may be puni-</li> <li>I give my consent to have this of provide additional details for this</li> </ul>	Form is true and understand that making a false sworn statement is subject to Federal and/or shable by fines and/or imprisonment. dispute/claim reviewed by a credit union investigator and understand that I may be asked to is investigation. Inte or inaccurate information could result in the decline of my dispute.
Cardholder Signature	Date
an asterisk (*). Your signature above is i	that matches your dispute type the closest. The required fields per box are marked with required. uments so that your dispute can be processed in a timely manner.
Choose from one of the dispute cate	gories below:
Cancellation dispute	
Were you advised of any cancel	lation policy? yes no (if yes, explain below)
* Date of cancellation:	Spoke with:
* Cancellation number:	
* Reason for cancellation:	
I canceled this <u>recurring</u> trar	nsaction with the merchant on (date): how
* Describe your attempt to res	solve with the merchant:
Returned merchandise dispute	
	Date received by merchant:
	Merchandise Authorization Number (RMA):
* Shipping Company:	Tracking number:
* Reason for return:	
<ul> <li>If you have a cred</li> </ul>	it slip or voucher or a refund acknowledgement that has not posted please provide:
* Date of credit slip:	Invoice/receipt number of the credit:
* Describe your attempt to res	solve with the merchant:
I was charged two or more times for t	he same transaction
Date of first charge:	Date of second charge:
Date of third charge:	Date of fourth charge:
* Describe your attempt to res	solve with the merchant:
I paid for these goods or services by	
	Bank Card Other:
<ul> <li>* Describe your attempt to a</li> </ul>	resolve with the merchant:

\*Note: if selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

					CARD				
Non-receipt of	goods or services								
* Ticke		t received Se	ervice not	received					
* I expect	ted delivery/services on	(date):							
* Merchar	nt unwilling or unable to	provide service:	yes	no (if ye	es, explain)_				
	e your attempt to resol								
	nt Response:								
	erchant response, explain								
	ction posted as a debit ir for \$		my 2000	unt as a do	hit				
* A Credit									
* • • •	You must supply a co								
* Describ	e your attempt to resol	ve with the merc	hant:						
Incorrect transa	action amount								
* The am	ount of this transaction p	osted for \$		_ but shou	ld have pos	ted for \$			
	<ul> <li>If available please su</li> </ul>	upply a copy of you	ur receipt.						
* Describ	e your attempt to resol	ve with the merc	hant:						
Quality of servic	es or goods, defective m	erchandise or not	as describ	bed					
	es or goods, defective m the difference between				ved or provi	de copy of w	ritten purcha	se order.	
*Describe	-	what was ordered	and what	t was receiv			·		
*Describe	e the difference between ective or why the purcha	what was ordered se is unsuitable fo	and what r your nee	t was receiv eds			·		
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Additional information: Attach a separate sheet or letter if more room is needed for your explanation.

For Credit Union Use Only:

Submitted By: