



Cardholder Disputed Item Statement

Name: _____ Home Phone: () _____
 Address: _____ Work Phone: () _____
 _____ Card Number: _____
 E-mail Address: _____ EMV Chip Card? Please circle one: Yes or No

Type of Loss: ___ lost ___ stolen ___ card was in my possession at the time the transaction(s) occurred.

I have examined the charges on my credit card and question the following transaction(s) (use additional sheet attached 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 your attempts to resolve the matter with the merchant as well as the expected date of delivery 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) _____
- _____ I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. **(Your card will be blocked)**

____ Other. Describe below. Descriptions of transactions should be typed or written clearly. Attach additional sheets if necessary.

In dispute cases except those related to lost/stolen/counterfeit cards, you will be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections and attach supporting documentation if any.

Attempt to Resolve Information:

- I have made an attempt to resolve with the merchant. (circle one) YES NO
- Date of contact: _____
- Contact method: Telephone E-mail In-person Other (describe) _____
- Merchant's response: _____
- If no attempt, why not? _____

Additional Comments:

I AM ADVISED AND I FULLY UNDERSTAND THAT:

MAKING A FALSE SWORN STATEMENT IS SUBJECT TO FEDERAL AND/OR STATE STATUES AND MAY BE PUNISHABLE BY FINES AND/OR IMPRISONMENT. FRAUD OR ATTEMPTED FRAUD AGAINST A FEDERALLY- INSURED CREDIT UNION IS A VIOLATION OF UNITED STATES CODE AND IS A CRIMINAL ACT UNDER THE LAW.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE AND IS SUBJECT TO FINES AND/OR IMPRISONMENT.

I ALSO ACKNOWLEDGE THAT I AM SUBJECT TO REIMBURSE THE CREDIT UNION FOR THE CHARGEBACK PROCESSING FEE (SEE FEE SCHEDULE) IF MY CLAIM IS DENIED BY VISA.

FOR FRAUD TRANSACTIONS:

I HEREBY SWEAR THAT:

I DID NOT RECEIVE ANY PART OF THE PROCEEDS OF THESE TRANSACTIONS WHICH I HAVE SWORN WERE FORGED OR ANY OTHER FUNDS OR CONSIDERATION IN ANY WAY, NOR WILL I BENEFIT IN ANY WAY FROM THESE

TRANSACTIONS, FURTHER, NO INDIVIDUAL KNOWN TO ME MIGHT BENEFIT IN ANY WAY FROM THESE TRANSACTIONS, EITHER DIRECTLY OR INDIRECTLY.

I HAVE NO KNOWLEDGE OF, NOR ANY SUSPICION AS TO WHO MAY HAVE TAKEN MY CARD AND/OR MY PIN NUMBER/OTHER. I DO NOT KNOW WHO MAY HAVE BEEN INVOLVED OR ANYONE WHO MAY HAVE KNOWLEDGE OF THIS THEFT/MISUSE AND FRAUD AGAINST ME AND ALIVE CREDIT UNION.

Cardholder Signature _____ Date _____

INTERNAL USE ONLY

TAKEN BY: _____

FAXED/EMAILED: _____

DATE: _____

CARD CAPTURE DATE: _____

CAM ALERT NO. : _____



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Additional Transactions

Merchant Name:	Amount:	Transaction Date: