

# Notification of Disputed Transaction - MasterCard

\*You must complete this form in its entirety, sign it, and provide a letter as instructed on page 3.

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

Card Number:     -     -     -

## 1. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
___/___/___	_____	_____

## 2. Dispute Reason/Elaboration

I am disputing the transaction(s) in question because of the following reason:

The transaction(s) listed below are unauthorized.\* No one authorized to use this account signed for or participated in the transaction(s).

At the time of the transaction(s), please indicate status of card (*Please check one*):

Card Lost Date card was Lost \_\_\_/\_\_\_/\_\_\_  Card Stolen Date card was Stolen \_\_\_/\_\_\_/\_\_\_

Card still in Accountholder's possession.  New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected?  Yes  No

The charge(s) was paid by another means. Enclosed is a copy of the cancelled check/cash/credit receipt or account statement.

The amount signed for on the salesdraft differs from the amount billed on the monthly statement. Attached is my copy of the sales receipt.

The transaction was authorized and then canceled. A credit voucher was issued (copy enclosed), but the credit has not posted to my account. If no credit voucher was issued, please explain the merchant's response to the cancellation/return.

I have been billed multiple times (2 or more) for the same purchase. The original charge posted to my account on \_\_\_/\_\_\_/\_\_\_.

I placed an order with the merchant above. I have not received merchandise which I expected by \_\_\_/\_\_\_/\_\_\_ . I have contacted the merchant for credit but no credit has posted to my account.

I cancelled this reservation on \_\_\_/\_\_\_/\_\_\_ . The cancellation number provided to me is as follows: \_\_\_\_\_.

I cancelled this recurring charge with the merchant on \_\_\_/\_\_\_/\_\_\_ . No charges after this date are authorized from this merchant.

I received merchandise different from what I ordered. Attached is a detailed letter explaining what was expected from the merchant, what was received, and that an attempt to return the merchandise was made.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\*If additional room is required to describe your dispute, please use the back of this form

# Multiple Dispute Listing

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

Card Number:     -     -     -

## 2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
2. ____/____/____	_____	_____
3. ____/____/____	_____	_____
4. ____/____/____	_____	_____
5. ____/____/____	_____	_____
6. ____/____/____	_____	_____
7. ____/____/____	_____	_____
8. ____/____/____	_____	_____
9. ____/____/____	_____	_____
10. ____/____/____	_____	_____
11. ____/____/____	_____	_____
12. ____/____/____	_____	_____
13. ____/____/____	_____	_____
14. ____/____/____	_____	_____
15. ____/____/____	_____	_____
16. ____/____/____	_____	_____
17. ____/____/____	_____	_____
18. ____/____/____	_____	_____
19. ____/____/____	_____	_____
20. ____/____/____	_____	_____

\*Items can only be disputed if they occurred in the past 60 days and are complete transactions no longer pending.

\_\_\_\_\_

**Cardholder Signature**

\_\_\_\_\_

**Date**

PLEASE NOTE: You must complete this form in its entirety, sign it, and include a letter with your submission, as instructed on the following page. We cannot guarantee your dispute will be processed without providing all the required information. When complete, please email a copy of your form AND letter to e-services@hdriver.org or print and fax them to 570.622.5801. An HRCU representative will be in contact within 4-6 days.



## DISPUTE OF TRANSACTION

The Credit Union needs a **LETTER** of dispute in writing containing the following information in order to file a dispute. **If all information is not included, a dispute cannot be filed.** We also suggest calling the Company first due to the Company being able to provide credit back to your account faster. The following is what needs to be included in the **LETTER**:

- Your Name
- Card Number
- Date(s) of Transaction(s)
- Detailed Explanation of why you are disputing the transaction(s)
  - If you contacted the Company please include as much of the conversation (date, time, what was said) as possible into the **letter**.
- Company Name
- Amount(s) of Transaction(s)
- Signature

An electronic letter template with fillable fields is provided on the following page to assist in making this process as easy as possible. Please note you are not required to use the template, but all information must still be provided as noted above.

If you have any questions, please call (570)622-3399. Thank you for your prompt attention to this matter!

**PLEASE NOTE:** You must complete the form on pages 1 and 2 in its entirety, sign it, and include a letter with your submission, as instructed above. We cannot guarantee your dispute will be processed without providing all the required information. When complete, please email a copy of your form AND letter to [e-services@hdriver.org](mailto:e-services@hdriver.org) or print and fax them to 570.622.5801. An HRCU representative will be in contact within 4-6 days.

Member Statement Form  
Debit Card Dispute

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

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Debit Card #: \_\_\_\_\_

Member statement of charges being disputed:

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Member Signature

\_\_\_\_\_

Date

Internal Use Only:

Completed by: \_\_\_\_\_

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

Branch Location: \_\_\_\_\_