

Notification of Disputed Transaction - MasterCard

*You must complete this form in its entirety and sign it as instructed on page 3.

Cardholder Name: _____

Card Number:

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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:

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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 and sign it as instructed on the following page. We cannot guarantee your dispute will be processed without providing all the required information. Completed forms can be dropped off at any HRCU location, faxed to 570.622.5801, or mailed to 60 Westwood Road, Pottsville, PA 17901. If you are unable to print this form, you may call 570.622.3399 and request eServices to mail the forms to you with a prepaid return envelope.

HIDDEN RIVER CREDIT UNION

MEMBER STATEMENT FORM

DEBIT CARD DISPUTE

Please complete all of the following. Incomplete forms may be returned to the Member and delay the process of filing the dispute and the deposit of Provisional Credit if appropriate.

MEMBER NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CONTACT #: _____

_____ EMAIL: _____

DEBIT CARD #: _____

LIST EACH TRANSACTION BEING DISPUTED: (If more lines are needed for transactions, use a 2nd statement form.)

DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____
DATE: _____	MERCHANT: _____	AMOUNT: \$ _____

DETAILED EXPLANATION OF WHY YOU ARE DISPUTING THE TRANSACTION(S). INCLUDE IF YOU CONTACTED THE MERCHANT, WHO YOU SPOKE WITH, DATE AND TIMES, AND WHAT WAS SAID. PROVIDE AS MUCH INFORMATION AS YOU CAN.

MEMBER SIGNATURE

DATE

INTERNAL USE ONLY: COMPLETED BY: _____
DATE: _____ BRANCH LOCATION: _____