

NOTIFICATION OF DISPUTED TRANSACTION

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form using blue or black ink. This form must be received at the Card Services address stated on your statement within 60 days of the closing date as printed on your statement. Please include a copy of your statement highlighting the disputed transactions.

Cardholder information (required)

Visa Card Number _____ Account #: _____

Cardholder Name _____

Cardholder Address _____

Cardholder Telephone Number _____

Transaction information (required)

Merchant Name _____

Merchant Location _____

Transaction amount _____ Transaction Date _____

Amount of Dispute _____

Did you attempt to resolve the dispute with the merchant? (Required)

Yes Spoke with _____ on (date) _____

Merchant's response _____

No Reason merchant was not contacted _____

Reason for dispute required:

I certify that the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge. **By indicating that you did not authorize a transaction, your account may need to be blocked in order to proceed with your dispute. If you are aware of the person fraudulently using your card, please fill out a police report and press charges as appropriate.**

I do not recognize the above transaction. Please provide me more information.

Although I did participate in a transaction with the merchant, I was billed for _____ transaction(s) totaling \$_____ that I did not participate in, nor did anyone else authorized to use my card. I do have all my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.

The same transaction was posted twice to my account. (Please send a copy of your sales receipt)

The amount of the transaction is incorrect. My receipt is for \$_____, however I was billed \$_____. (A copy of your receipt must be attached.)

I have a dispute with an ATM transaction. **(Receipt must be attached for ATM disputes.)**

I acknowledge participation in the ATM transaction, but I did not receive any funds.

I acknowledge participation in the ATM transaction, but I only received a portion of the funds. I requested \$_____, but only received \$_____.

I acknowledge participation in the ATM transaction, but it was posted twice.

List the date the financial institution was notified of the billing error. _____

I cancelled **services** or **merchandise (circle one)**, but was still billed for the transaction.

Date of cancellation **(required)** _____ Spoke with: _____

Reason for cancellation _____

I **was/was not** (circle one) informed of the cancellation policy when I made the reservation.

Cancellation Number **(required)** _____

I returned merchandise, and have not received a credit. **(Attach return receipt.)**

Date returned _____ Date received by merchant _____ RMA# _____

Shipping company name _____ Shipping/tracking # _____

Address shipped to _____

Who signed for the package? _____ Reason for Return _____

I have a credit voucher, letter of intent to credit, or a refund acknowledgment that has not posted. (If available, please attach copy.)

Date of credit _____ Any invoice/receipt number of the credit _____ Amount \$ _____

I did not receive **merchandise** or **services** that I ordered. (circle one)

What was the expected date of receipt for the merchandise or services? _____

I paid for the purchase using another method. (You are **required** to attach proof. i.e. a front and back of a cancelled check, or a copy of statement if another card was used.)

My dispute is about the quality of **services** or **merchandise** that I received. (circle one) Use the following space to describe one or more of the following: **(required)**.

Has the merchandise been returned? _____ (if yes, also complete the returned merchandise section of this form. If no, explain why on the lines provided below). If your dispute is about the differences between what was ordered and what was received, please provide a detailed explanation. Was the product defective? Why was item unsuitable for your needs?

Other. (Describe below. Please include what attempts have been made to contact the merchant and resolve.)

Please attach any type of agreement or contract that you may have with this merchant. If you have any other documents that may be pertinent to your dispute, please send a copy.

Signature _____ **(required)**

Return this dispute form and other documents to:

LVECU Attn: Plastic Card Dept.

P.O. Box 4388

Allentown, PA 18105-4388

Fax: (610) 435-4374