

# Notification of Disputed Transaction Form

## Palo Alto Community FCU Visa Card

Customer Name		Account Number	
Street Address	City	State	Zip Code
Home Phone		Work Phone	
Signature			Date

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 Customer Service address stated on your statement on the [dispute instructions page](#) within 60 days of the closing date as printed on your statement. Please include a copy of your statement highlighting the disputed transactions when mailing this form to Customer Service.

Transaction Amount	Transaction Date	Transaction Amount	Transaction Date
Dispute Amount	Reference #	Dispute Amount	Reference #
Merchant Name		I contacted the merchant on ____/____/____ (date) in an attempt to resolve this dispute.	

**Answer all that apply to your disputed transaction(s):**

I certify that the change 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 change.

I certify that I did not participate in nor authorized the above referenced mail order or telephone order transaction(s). I understood that no signed or imprinted sales slip copy is available for verification purposes.

Although I did not 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.

I have not received the merchandise that I was to have been shipped to me. Expected date of delivery was \_\_\_\_\_ (mm-dd-yy). I contacted the merchant on \_\_\_\_\_ (mm-dd-yy) and the merchant's response was \_\_\_\_\_ (In order to assist you more effectively, you must contact the merchant and inform us of their response).

I returned merchandise on \_\_\_\_\_ (mm-dd-yy) because \_\_\_\_\_ (Please provide a copy of the return receipt, or proof of return).

The attached credit slip was listed as a charge on my statement.

I was issued a credit slip for \$\_\_\_\_\_ on \_\_\_\_\_ (mm-dd-yy), which did not appear on my statement. A copy of my credit slip is enclosed.

Merchandise that was shipped to me arrived damaged and/or defective on \_\_\_\_\_ (mm-dd-yy). I returned it on \_\_\_\_\_ (mm-dd-yy). Merchant's response was \_\_\_\_\_. A copy of my credit slip and/or postal receipt is enclosed.

I have been billed an incorrect amount. My credit card receipt shows \$\_\_\_\_\_. However, I was billed \$\_\_\_\_\_ (Please send a copy of your sales receipt).

I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$\_\_\_\_\_. (Please send a copy of your sales receipt).

I notified the merchant on \_\_\_\_\_ (mm-dd-yy) to cancel my preauthorized order (reservation). My cancellation number is \_\_\_\_\_. I was/was not (circle one) informed of the cancellation policy when I made the reservation. The reason I cancelled was: \_\_\_\_\_ (If you don't have a cancellation number, please provide a copy of your phone bill showing the date and time of cancellation call.)

I cancelled the subscription/membership/policy (circle one) that was charged to my account by the above referenced merchant on \_\_\_\_\_ (mm-dd-yy). I cancelled the charge prior to the transaction date.

The transaction was paid by other means (Please provide a copy of your cash receipt, or the front and back of your cancelled check or a copy of your statement if another credit card was used).

Other—Describe Below (Please include what attempts have been made to contact the merchant to resolve your dispute). \_\_\_\_\_

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**To expedite the processing of your transaction dispute, please DO NOT mail this form with your payment.**