

LOUDOUN CREDIT UNION

CARDHOLDER STATEMENT OF DISPUTE (VISA DEBIT CARD)

CARD NUMBER 442917 CARDHOLDER NAME

TRANSACTION DATE POSTING DATE AMOUNT \$

MERCHANT NAME CITY/STATE

The following questions MUST be answer or your request will be automatically be denied or delayed.

- 1. Have you reviewed this charge with everyone who has access to this account?
2. Please keep in mind that billing names are not necessarily the same name as the company that you do direct business with...
3. Has an attempt been made to reconcile the issue with the merchant?
4. If you have disputed charges that were done using your PIN number, a police report must be filed. Have you filed a police report?
5. Was this transaction done by someone you previously gave permission to use the card?

By signing below, I have answered all of the above questions truthfully and have attached supporting documents where necessary.

Cardholder Signature Date

Note: An initial investigation will take place and if the investigation needs to be extended, the credit union will provide a provisional credit to your account on the 10th day of the dispute. Provisional credit does not mean the dispute has been resolved and may be removed.

I am eligible for a dispute and I am disputing the above charge due to the following reason (check ONLY one):

- I have not, nor has anyone authorized by me engaged in any way in this transaction. My card was reported lost or stolen on (date)
I have not authorized or participated in any way in this transaction. My card has not been out of my possession.
The amount is incorrect. I have enclosed my copy of the sales slip dated. The correct amount is
I am disputing the following charges for vehicle rentals for \$ I returned the vehicle on (date)
I am disputing a guaranteed reservation service & no show charge. My reservation date was for (date) The cancellation number is Date of cancellation is
The merchant continues to charge my account for a recurring payment that I cancelled on (date) via phone/in writing.
I have (check one) returned attempted to return the merchandise on (date) The merchant refused to (check one): adjust the price repair or replace the goods or other things of value issue a credit OR see details below.
I have engaged in the transaction listed & have contacted the merchant in an attempt to resolve the dispute. The delivery date was to be OR I cancelled the order on (date) & was not credited.
The merchandise shipped arrived broken or unable to be used for the purpose sold. See details below. I have (check one) returned attempted to return the merchandise & I contacted the merchant on (date) to attempt to resolve this but to no avail.
I contracted with the merchant for services (described below) to be provided on (date) I have not received them. I have contacted the merchant in order to resolve the dispute to no avail.
The charge listed was paid previously by another method. I'm enclosing proof. I have tried to resolve this with the merchant.
My credit slip was listed as a sale on my account. A copy of my credit is enclosed.
I participated in one transaction at the merchant location, but NOT the transaction listed. I, or someone authorized by me was in possession & control of all cards at the time of the transaction. The authorized amount is \$ on (date)
I have not received a credit to my account for the transaction listed. I have enclosed a copy of the credit receipt issued.
The charge listed was a single transaction but has posted times to my account.
I am disputing the listed ATM cash withdrawal. I have explained the details below. Please provide specific details of your dispute on a separate sheet of paper:

Cardholder Signature: Date:

Telephone Numbers

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Did you complete back of this form?

## Notification of Fraudulent Transaction

Member Name: \_\_\_\_\_ Debit Card # 442917 \_\_\_\_\_

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

\_\_\_\_\_ Card was Lost on the following date \_\_\_\_\_.

\_\_\_\_\_ Card was Stolen on the following date \_\_\_\_\_.  
(Please attach a copy of the police report.)

\_\_\_\_\_ New or Reissued Card was never received.

\_\_\_\_\_ Card was still in my possession.

Do you suspect card is a counterfeit? ( ) Yes ( ) No

### Transaction Information

Authorization Date	Settle Date	Merchant Name	Dollar Amount
1) _____	_____	_____	\$ _____
2) _____	_____	_____	\$ _____
3) _____	_____	_____	\$ _____
4) _____	_____	_____	\$ _____
5) _____	_____	_____	\$ _____
6) _____	_____	_____	\$ _____
7) _____	_____	_____	\$ _____
8) _____	_____	_____	\$ _____

**I did not make or authorize the transaction(s) listed above and no one else was authorized to use my card. Please DO NOT sign this form if you have any doubt about whether you or another authorized user actually participated in the above-listed transaction(s). To declare a transaction as unauthorized when you did participate in it will void your claim, forfeit your rights and could be subject your account to closure for account abuse/fraud. If you have any doubts about whether you should sign this letter, please call 703-777-4744.**

\_\_\_\_\_  
Member/Cardholder Signature

\_\_\_\_\_  
Date

Please mail to or fax this form along with any other documentation required to:

Loudoun Credit Union  
112A South Street SE, Leesburg, VA 2017  
Fax: 703/777-5056