

**CASH & CHECK DEBIT CARD
NOTIFICATION OF DISPUTED ITEM(S)**



Please print in blue or black ink only. Please sign and return this form immediately.

Name: (Please print) _____ Daytime phone # _____
Local Address: _____ City, State, Zip _____
Cash & Check Card # _____ Amount of Dispute \$ _____
Transaction Date (s) _____ Merchant Name _____

I have examined the charges made to my account and am disputing an item for the following reason:

- 1. Neither I, nor any person authorized by me to use my card made the charge listed above. In addition, neither I, nor anyone authorized by me received the goods and services represented by this transaction. (If you do not recognize a sale, choose this option and call Customer Service immediately.)

Please indicate the status of your card(s): Stolen _____ Lost _____ In my possession _____ Not received _____

Please indicate if a replacement card is requested: Yes _____ No _____

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

- 3. I have not received the merchandise that was to be shipped to me. Expected date of delivery was _____ (mm-dd-yy). I've called the merchant and their response was: _____

(In order to assist you, the merchant must be contacted.)

- 4. I have (circle one) returned/canceled merchandise on _____ (mm-dd-yy) because:

(Please provide a copy of the returned receipt, postal receipt or proof of refund.)

- 5. The attached credit slip was listed as a charge on my statement.
- 6. I was issued a credit slip for \$ _____ on _____ (mm-dd-yy), which has not shown on my statement. **A copy of my credit slip is enclosed.**

- 7. Merchandise that was shipped to me arrived damaged and/or defective on _____ (mm-dd-yy). Merchant response was: _____
(Please provide postal receipt and/or credit slip.)

- 8. The sales receipt amount was increased from \$ _____ to \$ _____. My sales slip was added incorrectly. **Enclosed is my copy of the sales receipt which shows the correct amount.**

- 9. (Circle one) In writing/or by phone, I canceled monthly services with the above merchant on _____ (mm-dd-yy). Since being billed I've contacted the merchant to attempt to resolve this dispute on _____ (mm-dd-yy) and their response was: _____

- 10. Other – Attach a letter describing the dispute.

Signature: _____ Date: _____

<p>Return to: UIECU Debit Card Services - Fax 217-244-5789 PO Box 500 Champaign, IL 61824-0500</p>	<p>5/09</p>
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CASH & CHECK DEBIT CARDHOLDER STATEMENT OF DISPUTED ITEM (S)

Since you have reported fraudulent transactions on your statement, we need you to complete and return this form.
IT IS IMPORTANT THAT YOU RESPOND IMMEDIATELY.

Name: _____ Account #: _____

Co-Applicant/Authorized User: _____

Please check #1 and fill in the date that you last used or authorized someone else to use your credit/debit card.

____ #1. I certify that I neither participated in nor authorized any transactions after ____/____/____.

If there are any unauthorized transactions prior to the above date, please check #2 and list the dates, amounts and merchant descriptions in the spaces below. If you need additional space please list them on a separate piece of paper. Please add any detail as to how, when and where your card was lost or stolen, plus a Police Report number if available in the Comment section.

____ #2. I further certify that I neither participated in nor authorized the transactions listed below.

	<u>Transaction date</u>	<u>Amount</u>	<u>Merchant</u>
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		

Signature: _____ Date: _____

Co-App/Auth User: _____ Date: _____

Comments:

<p>Return to: UIECU Debit Card Services - Fax 217-244-5789 PO Box 500 Champaign, IL 61824-0500</p>	<p>5/09</p>
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