

NOTIFICATION OF DISPUTED TRANSACTION

Member Name: _____ Card Number: _____

Address: _____

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 P.O. Box stated below within 60 days of the closing date as printed on your statement. Send to: CoVantage Credit Union, P.O. Box 107, Antigo, WI 54409-0107 Attn: Plastics

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.

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- 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.
 - I certify that I did not participate in nor authorize the above referenced mail order or telephone order transaction(s). I understand that no signed or imprinted sales slip copy is available for verification purposes.
 - 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 I authorize anyone else 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 was to have been shipped to me. Expected date of delivery was ___/___/___ (date). I contacted the merchant on ___/___/___ (date) 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 have returned merchandise on ___/___/___ (date) because _____.
(Please provide a copy of the return receipt, or proof of return.)
- I was issued a credit slip for \$ _____ on ___/___/___ (date), which did not appear on my statement. A copy of my credit slip is enclosed.
- Merchandise, which was shipped to me, arrived damaged and/or defective on ___/___/___ (date). I returned it on ___/___/___ (date). Merchant's response was _____. A copy of 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 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 ___/___/___ (date) to cancel the 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 do not have a cancellation number, please provide a copy of your phone bill showing the date and time of the cancellation call.)
- I cancelled the subscription/membership/policy (circle one), which was charged, to my account by the above referenced merchant on ___/___/___ (date). I cancelled the charge prior to the transaction date.
- The transaction was paid by other means. (Please provide a copy of cash receipt, or the front and back of your cancelled check or a copy of your statement if another credit card was used.)

Please include what attempts have been made to contact the merchant and resolve.

Please remember to include the documentation to support your dispute.