



University Credit Union Cardholder Dispute Statement

*We are here for you every step of the way.
Please fill out this form as thoroughly as possible to help expedite the processing of your claim.*

Tell us about you

Member Name: _____
 Account Number: _____ Last 4 of Card Number: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Best time to contact you: AM PM
 Email Address: _____

Tell us about your card

The activity occurred on my:

- Debit Card
- Mastercard Credit Card
- ATM Card

My card is:

- Lost*
- Stolen*
- In my possession
- I never received my card*

** If your card was lost, stolen, or never received, it will be canceled and a new card will be issued.*

Tell us about the transaction(s)

When did you discover that there was an issue with the activity on your account? *(Please include all relevant transactions. Additional space is provided on page 3 if needed.)*

Date	Merchant Name	Location	Amount
____/____/____			
____/____/____			
____/____/____			
____/____/____			
____/____/____			

Choose an option below

- I do not recognize this merchant(s) or the activity. *(If checked, please proceed to Section 2)*
- I have done business with this merchant before, but there is something wrong. *(If checked, please complete both Sections 1 and 2)*

Section 1: Tell us about the activity

Please choose the option from either section A or B that best describes your situation.

A. PRODUCT OR SERVICE USE

<input type="checkbox"/>	<p>Merchandise/Services Not Provided: I have not received the merchandise/service. Expected Delivery Date: ____/____/____</p>
<input type="checkbox"/>	<p>Returned Merchandise: I have since returned/attempted to return the merchandise and have not yet received credit. Date of return/attempt to return: ____/____/____</p>
<input type="checkbox"/>	<p>Merchandise is Defective or Damaged: The merchandise received was defective/damaged. I have not yet received credit. Date of return/attempt to return: ____/____/____</p>

Please describe the merchandise/services purchased:

B. BILLING ISSUE

<input type="checkbox"/>	<p>Canceled Transaction: I canceled the subscription/membership/policy/reservation. Date of cancellation: ____/____/____</p>
<input type="checkbox"/>	<p>Free Trial Cancellation: <input type="checkbox"/> I was not aware that I would be billed again without additional consent. <input type="checkbox"/> I canceled during the free trial period. Date of cancellation: ____/____/____</p>
<input type="checkbox"/>	<p>Incorrect Amount: I was billed an incorrect amount. I should have been charged \$_____ but I was charged \$_____</p>
<input type="checkbox"/>	<p>Multiple Charges: I was charged more than once for the same transaction (s). There should only be one charge for this merchant in the amount of \$_____</p>
<input type="checkbox"/>	<p>The transaction was paid by other means: Date payment was completed: ____/____/____ How did you pay? _____ (Please provide proof of alternative payment.)</p>
<input type="checkbox"/>	<p>Credit Not Received: I never received the credit/refund to my account.</p>

Section 2: Tell us what happened

Is anyone else authorized to use your card or PIN who may have made this purchase? Select one.

Yes, but they also do not recognize the merchant or the activity.

No

Take a look at the amount, the location, and the date. Did you expect a transaction of similar amount on or around the same date?

(Sometimes a merchant's legal name isn't the same as the business name that you recognize)

Yes No

Have you attempted to contact the merchant to resolve this issue?

Yes No

How did you contact the merchant? (phone, text, email, in person) _____

When did you contact the merchant? _____

Who did you speak to? _____

What was the merchant's response? _____

Are there any more details you would like us to know?

Please complete the bottom certification of your claim.

I hereby certify that the information submitted is true and accurate. I further understand that I will be held liable for the transaction amount if any information provided is false.

Enter name: _____ Date: ____/____/____

Please complete the form and enclose all supporting documentation that may help expedite your claim. This may include receipts, proof of purchase, proof of return, letter(s) and email(s) sent to the merchant, copy of the contract, invoice or bill-of-sale.

You may return this form in one of the following ways:

Email to: disputes@ucu.org

Or mail to: UCU Payments Department, P.O. Box 25356, Los Angeles, CA 90025-0356

