

CARDHOLDER STATEMENT OF DISPUTE DEBIT CARD

Member Information-Please complete each item in this section

Card Number: _____

Date of Transaction: _____

Member Name: _____

Merchant Name: _____

Member Number: _____

Amount of Transaction: _____

Check and complete the category that describes your dispute:

Incorrect Transaction Amount

(Copy of sales receipt must accompany this form)
 The transaction posted for \$ _____ and should have been \$ _____
 Describe your attempts to resolve this with the merchant:

Duplicate Charge

The transaction originally posted on _____ and posted again on _____. I contacted the merchant on _____.
 Describe your attempts to resolve this with the merchant:

Purchase Paid by Another Method

(Copy of cleared check, credit card statement of receipt must accompany this form)
 Cash Check
 Other credit/debit card Other method _____
 Describe your attempts to resolve this with the merchant:

Non-Receipt of Merchandise or Service

Expected date of receipt of merchandise or service was _____
 Description of the merchandise or service to be provided _____
 I contacted the merchant on _____ and their response was _____
 Date of most recent contact with merchant: _____
 Describe your attempts to resolve this with the merchant:

Cancellation

I have cancelled this service or recurring service with the merchant.
 Date of cancellation: _____
 Cancellation number: _____
 Date of most recent contact with merchant: _____
 Method of cancellation: Phone Email Website Other _____
 Reason for cancellation:

Defective Merchandise

Date of return: _____
 Date received by merchant: _____
 Method of return: USPS FEDEX UPS Other _____
 Tracking number: _____
 Describe the defective merchandise: _____
 Describe your attempts to resolve this with the merchant:

Returned Merchandise

Date of return: _____
 Date received by merchant: _____
 Method of return: USPS FEDEX UPS Other _____
 Tracking number: _____
 Describe the merchandise returned and/or reason returned:

 Describe your attempts to resolve this with the merchant:

Other

Signatures

I understand that I must make a good faith attempt to resolve the dispute with the merchant and I have been unsuccessful in solving that dispute. I also understand that providing documentation; receipts, invoices, work order, emails, and/or return receipts is essential for Icon to pursue a credit for the amount in question. I have attached all documentation available.

NOTICE: Provisional credits are not issued at the time a dispute claim is initiated. Icon Credit Union will exercise every effort in disputing the transaction; however, we cannot guarantee a favorable outcome.

Member Signature (Required): _____

Date: _____

Return Completed Form to Your Nearest Branch

CREDIT UNION USE: Received by _____ Date _____