Notification of Disputed Card Transaction



Form Instructions:

1 — Complete all fields below: select the option that best fits the nature of your dispute; detail the nature of the dispute along with relevant information in the free space; sign and date at the bottom.

2 — Print and mail the completed form to:
Delta Community Credit Union
ATTN: Disputes
PO Box 20541
Atlanta, 30320-2541

or Fax 404-677-4598

Cardholder Name	Debit/Credit Card Number
Merchant Name	Transaction Date
Dispute Amount	Total Transaction Amount

Please select one of the following options:

I did authorize this transaction with the merchant, but I attempted to cancel it on _______, and a charge was processed to my account. (Proof of written or verbal cancellation is required to be attached.) A copy of the cancellation letter or email sent to the merchant, reason for cancellation and/or the cancellation number is required.

The amount of my transaction is different than the amount that appeared on my receipt. Please attach your sales voucher, rental agreement, or any documentation to validate the charge agreed upon.

Only one transaction was authorized. The charge is a duplicate charge or an additional charge of ______ that was unauthorized. Please attach your sales voucher, order confirmation or any documentation to validate the charge agreed upon.

I did authorize the transaction but I did not receive the merchandise or services. Fifteen days have passed since the expected delivery date of ______. Please provide proof that the merchant was notified that merchandise was not received or the services have not been rendered by the expected date.

I did authorize the transaction, but the merchandise or services received were defective or not as described as according to the written or verbal description. I have returned the merchandise for a credit. Please provide all written documentation, describing the difference between what was ordered and what was received, what was defective or why the purchase is unsuitable for your needs, including original purchase order, shipping labels and/or tracking for returned merchandise.

Another method of payment was accepted for this transaction, but my account was still charged. Please provide proof of the alternate payment method used to satisfy this transaction. (i.e., cancelled check, transaction receipt or bank statement).

I received a credit on the above transaction, but it has not appeared on my account. If you have a credit slip, voucher, or a refund acknowledgement, please provide it with the dispute. Please be sure that 15 days have passed from the date of request for credit.

I have a general dispute with a merchant that is not detailed in any option above. Please provide a detailed account of the nature of the dispute including, dates, communications, and any documentation to support your claim.

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P.O. Box 20541, Atlanta, GA 30320 Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com

Please provide us with a written account of the nature of your dispute. This allows us to have a clear understanding of why you are disputing this charge, and it can assist in providing the necessary information that is needed in your dispute case. Please note that failure to provide all requested documentation could affect the outcome of your claim. Signature Date

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