



Cardholder Dispute Form

UNAUTHORIZED / DISPUTED ELECTRONIC FUNDS TRANSACTIONS DECLARATION

Name: _____ Ms Telco CU Account Number: _____
 VISA or ATM Card Number: _____ Daytime Phone Number: _____
 Transaction Date: _____ Merchant Name: _____
 Transaction Amount: \$ _____ Dispute Amount: \$ _____
 For additional transaction disputes, please fill out **FORM B** and attach.

I DECLARE THAT UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION SUPPLIED ON THIS DISPUTE FORM IS TRUE AND CORRECT.

Cardholder/Account Owner Signature Date

Cardholder/Account Owner Signature Date

Please check the appropriate box below that matches your dispute type the closest. Your signature above is required. Return this form and any supporting documents within 10 days so that your dispute can be processed in a timely manner. Please answer all appropriate questions below. The required fields per dispute type are marked with an asterisk (*). Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.

Cancellation of Service/Purchase Dispute:
 • Were you advised of any cancellation policy? Yes No (if yes, explain below)
 • * Date of Cancellation: _____ Spoke with: _____
 Cancellation number: _____ Reason: _____
 I cancelled this recurring transaction with the merchant on (Date): _____ How: _____

Returned Merchandise Dispute:
 • * Date Returned: _____ Date Received by Merchant: _____
 If mailed, Return Merchandise Authorization Number (RMA): _____
 * Shipping Company: _____ Tracking Number: _____
 • If you have a Credit Slip/Voucher or a Refund Acknowledgement that has not posted, please provide:
 * Date of Credit: _____ Invoice/Receipt Number of the Credit: _____
 • * Describe your attempt to resolve with the merchant: _____

I was charged two or more times for the same transaction:
 Date of First Charge: _____ Date of Second Charge: _____
 Date of Third Charge: _____ Date of Fourth Charge: _____

I did not receive cash from an ATM withdrawal attempt:
 • Transaction reference number: _____
 I made a single attempt and did not receive cash.
 I made multiple attempts and only received cash on one of those attempts.
 Other: _____

I paid for these goods or service by other means:
 Check Cash Other Bank Card Other: _____
• If selecting this dispute reason, you must supply a copy of proof of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

Non-receipt of goods or services:
 Tickets/Merchandise not received. I expected delivery/services on (Date): _____
 Merchant unwilling or unable to provide service.
Have you attempted to resolve the issue with the merchant?
 * Yes, spoke with: _____ * Date: _____
* Response: _____

 No, Reason: _____

A credit transaction posted as a debit in error:
• * A credit for \$ _____ was posted to my account as a debit.
• You must supply a copy of the credit receipt received from the merchant.

Incorrect transaction amount:
• * The amount of this transaction posted for \$ _____ but should have posted for \$ _____.
• You must supply a copy of your receipt showing the correct amount.

Quality of services or goods dispute:
• * Describe the difference between what was ordered and what was received. (What was defective or why was the purchase unsuitable for your needs?): _____

• * Date returned: _____ Date received by merchant: _____
If mailed, Return Merchandise Authorization Number: _____
* Shipping Company: _____ Tracking Number: _____
• If you have a Credit Slip/Voucher or a Refund Acknowledgement that has not posted, please provide:
* Date of Credit: _____ Invoice/Receipt Number of the Credit: _____
• * Describe your attempt to resolve with the merchant: _____

Other type of dispute: _____

Only completed and signed forms will be processed. Signatures must be by the member whose card was involved with the dispute. Upon completion of this form, please fax to **(601) 664-9717 Attn: CARD DISPUTES**

- Or mail to -

Mississippi Telco Federal Credit Union
ATTN: CARD DISPUTES
PO Box 97997
Pearl, MS 39288

<i>For Ms Telco FCU use only:</i> Received on: (date) ___/___/___ Received by: _____ Resolved on: (date) ___/___/___ Resolved by: _____
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FORM B

Cardholder Dispute Form

To Be Used in Conjunction with Form A

MULTIPLE UNAUTHORIZED / DISPUTED ELECTRONIC FUNDS TRANSACTIONS DECLARATION

Name: _____ Ms Telco FCU Account Number: _____

VISA or ATM Card Number: _____ Daytime Phone Number: _____

1. Date: _____ Amount: _____ Merchant: _____

2. Date: _____ Amount: _____ Merchant: _____

3. Date: _____ Amount: _____ Merchant: _____

4. Date: _____ Amount: _____ Merchant: _____

5. Date: _____ Amount: _____ Merchant: _____

6. Date: _____ Amount: _____ Merchant: _____

7. Date: _____ Amount: _____ Merchant: _____

8. Date: _____ Amount: _____ Merchant: _____

9. Date: _____ Amount: _____ Merchant: _____

10. Date: _____ Amount: _____ Merchant: _____

11. Date: _____ Amount: _____ Merchant: _____

12. Date: _____ Amount: _____ Merchant: _____

13. Date: _____ Amount: _____ Merchant: _____

14. Date: _____ Amount: _____ Merchant: _____

15. Date: _____ Amount: _____ Merchant: _____

16. Date: _____ Amount: _____ Merchant: _____

17. Date: _____ Amount: _____ Merchant: _____

18. Date: _____ Amount: _____ Merchant: _____

19. Date: _____ Amount: _____ Merchant: _____

20. Date: _____ Amount: _____ Merchant: _____

I DECLARE THAT UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION SUPPLIED ON THIS DISPUTE FORM IS TRUE AND CORRECT.

Cardholder/Account Owner Signature

Date

Cardholder/Account Owner Signature

Date

Signatures of all owners on the account are required above. Return this form, Form A and any supporting documents within 10 days so that your dispute can be processed in a timely manner.