

## NOTIFICATION OF DISPUTED TRANSACTION

*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 Card Services address stated on your statement or at the bottom of this form within 60 days of the closing date as printed on your statement. Please include a copy of your statement highlighting the disputed transactions when mailing this form to Card Services.*

**Cardholder Information (Required - Please Print)**

**Cardholder Name:** \_\_\_\_\_

**Card Holder Account Number:** \_\_\_\_\_

**Cardholder Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Debit Card Number (16 digits):** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Transaction Amount:** \$ \_\_\_\_\_ **Transaction Date:** \_\_\_\_\_

**Disputed Amount:** \$ \_\_\_\_\_ **Reference #:** \_\_\_\_\_

**Merchant Name:** \_\_\_\_\_

**I contacted the merchant on:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **in attempt to resolve this dispute.**

**The merchant's response was:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please select out of the following (all that apply):

- 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 do not recognize the above transaction. Please provide me more information.
- 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 anyone else authorized 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 \_\_\_\_\_ (mm-dd-yy). I contact the merchant on \_\_\_\_\_ (mm-dd-yy) and the merchants 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 \_\_\_\_\_ (mm-dd-yy) because \_\_\_\_\_ and never received a credit. **(Must provide a copy of the return receipt or proof of return.)**

*(more on reverse side)*



- The attached credit slip was listed as a charge on my statement.
- I was issued a credit slip for \$ \_\_\_\_\_ on \_\_\_\_\_ (mm-dd-yy) and didn't receive the credit. I contacted the merchant and their response was \_\_\_\_\_. A copy of my 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 provide a 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 \_\_\_\_\_ (mm-dd-yy) 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 merchandise/service (circle one) which was charged to my account by the above reference merchant on \_\_\_\_\_ (mm-dd-yy). I cancelled the charge prior to the transaction date because \_\_\_\_\_.
- The transaction was paid by other means. (Please provide a copy of your cash receipt, or the front and back of you cancelled check or a copy of your statement if another debit/credit card was used.)
- ATM Transaction. (A receipt must be attached for ATM Disputes)
  - I participated in the ATM transaction, but I did not receive any of the funds.
  - I participated in the ATM transaction. I requested \$ \_\_\_\_\_ but only received \$ \_\_\_\_\_.
  - I participated in the ATM transaction, but it posted twice.
- Other. (Describe below. Please include what attempts have been made to contact the merchant and resolve.)
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_

Please remember to include the documentation to support your dispute. Return this dispute form and other documents to:

G.A.P. FEDERAL CREDIT UNION  
 111 FRANKLIN STREET, RM 224  
 JOHNSTOWN, PA 15901

