

Dispute Inquiry Form

TO: NAE Federal Credit Union
755 Battlefield Blvd.
Chesapeake, VA 23320

CONTACT: Accounting Department

FAX: 757-410-2035

PHONE: 757-410-2000

DATE: _____

CARD#:

CARDHOLDER NAME:(please print) _____
(first) (last)

ADDRESS: _____
Street or PO Box

(City) (State) (zip)

DAYTIME Ph# 1: _____ **DAYTIME Ph# 2:** _____

DATE POSTED: _____ **TRANSACTION AMOUNT:** _____
(if more than one charge please list on additional page)

TRANSACTION DATE: _____

MERCHANT DESCRIPTION: _____

THE CARD IS CURRENTLY: In my possession Lost Stolen Not yet received

Returned to the Credit Union Other: Please explain _____

SIGNATURE : _____ **DATE :** _____

DIRECTIONS FOR COMPLETION

Please check the appropriate box and complete the information above in detail. Signature is required. Please return this form along with any requested documents to the address printed above:

I certify that the charge(s) listed above was (were) not made by either myself or a person authorized by me to use my credit card.

My payment did not post. (Please enclose a copy of the front and back of your canceled check or money order.)

The credit did not post to my account. (Please enclose a copy of your credit slip bearing the account number, merchant name, date, and dollar amount.)

I was billed twice for a single purchase, (Describe the transaction in the space provided on the next page.)

I did not receive the merchandise or services (Describe your attempts to resolve this matter with the merchant, as well as the expected date of delivery in the space provided on the next page.)

I was overcharged for the purchase (Please enclose a copy of the signed sales receipt that includes your account number.)

The merchant will not give credit. (Please enclose a copy of your sales slip and original store credit.) Visa/MasterCard regulations prohibit the Service Center (Certegy) from assisting in this dispute if the sales slip reflects IN-STORE CREDIT or NO REFUNDS.

I would like a copy of the sales draft. (Describe transaction above and reason for your request in the space provided on the next page.)

(next page)

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I was overcharged for a hotel room which I canceled. (Please provide full details in the space provided below.) You MUST provide your cancellation number (or person's name who accepted the cancellation) in order for us to process your dispute.

I was charged for a hotel room that I neither made the reservation for nor authorized the reservation to be made for me.

My actual card was not used in this transaction(s).

I did not authorize or participate in the transaction(s).

I was in possession of my card at the time of the unauthorized transaction(s).

My credit posted as a sale. (Describe the transaction on page 1 and provide a copy of the credit slip and the date of the original charge.)

Merchandise is defective (Describe below the defect or damage, attempts to return the merchandise, and merchant's response.)

Merchandise has been returned (Describe below what was expected and received, reason for return, merchant response, and postal receipt or credit slip.)

Service. (Membership canceled.) Please enclose a copy of the letter that was provided to the merchant for cancellation and/or the date you called to cancel.

Service dispute. (Indicate below the nature of the dispute and your attempts at resolution.) Dispute must be more than \$50.00 and made within your home state or within 100 miles of your current mailing address. These restrictions do not apply to mail or phone order disputes. (Include copies of all pages of repair bills, contracts, or other supporting documentation.) The disputed amount must remain unpaid.

Other. (Describe below) Descriptions of transaction should be typed or printed clearly. Attach additional sheets if necessary.
