



federal credit union

Notification of Disputed Transaction

Customer Name: _____

Account # _____

Address: _____

Home Phone: _____

Work Phone _____

Signature: _____

Date _____

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 address stated below within 60 days of the closing date as printed on your statement. Please include a copy of your statement highlighting the disputed transactions and send to:

Coast360 Federal Credit Union
121 Robat Street
Maite GU 96910

Transaction Amount: _____

Date: _____

Dispute Amount: _____

Reference # _____

Dispute Amount: _____

Reference# _____

Merchant Amount: _____

I contacted the merchant on _____(date) in an attempt to resolve this dispute

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 certify that I did not participate in nor authorized the above referenced mail order or telephone order transaction(s). I understand that no signed or imprinted sales slip copy is available for verification purposes.

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 I authorize anyone else to use my card. I do have all my cards in my possession. Enclosed is a copy of my sales slip for 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 contacted the merchant on _____ (date) and the merchant's 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 _____ (Please provide a copy of the return receipt, or proof of return.)

The attached credit slip was listed as a charge on my statement.

I was issued a credit slip for \$ _____ on _____ (date) which did not appear on my statement. A copy of my credit slip is enclosed.

Merchandise, which was shipped to me, arrived damaged and/or defective on _____ (date) I returned it on _____ (mm/dd/yy). Merchant's response was _____ A copy of 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 send 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 _____ (date) 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 why 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 subscription/membership/policy (circle one) which was charged to my account by the above referenced merchant on _____ (date). I cancelled the charge prior to the transaction date.

The transaction was paid by other means. (Please provide a copy of cash receipt, or the front and back of your canceled check or a copy of your statement if another credit card was used.)

Other. (Describe below. Please include what attempts have been made to contact the merchant and resolve.)

To expedite the processing of your dispute, do not mail this form with your payment. Please remember to include the documentation to support your dispute.