

☐ **Duplicate Transaction**

- I was charged more than once for the same transaction.
- Attach copy of receipt, if available.

☐ **Billed Incorrect Amount**

- The correct amount is \$ _____
- Requires proof of correct amount, such as a copy of receipt, invoice, or rental agreement.

☐ **Cancelled Transaction**

- I cancelled the transaction with the merchant on _____
- Requires proof of cancellation such as emails, confirmation number, or certified letter receipt.

☐ **Merchandise / Service Received was Damaged, Defective, or Not as Described**

- I received the merchandise or service but it was (select one)
 - ☐ damaged ☐ defective ☐ not as described
- In Section 4 – provide a detailed explanation:
 - Indicate specific details of product/service ordered and what was received.
 - Describe your efforts to resolve with the merchant.
- If merchandise was returned, indicate return date: _____
- Provide documents such as purchase confirmation, emails, texts, tracking numbers, merchant responses, etc. to support your claim.
- Additional information may be required.

☐ **Declined but Was Still Charged**

- The transaction declined with the merchant, but was still charged.
- Attach copy of receipt, if available.

☐ **Paid by Other Means**

- I used another form of payment.
- Requires proof of other payment, such as a copy of receipt or a cancelled check.

☐ **Cancellation of Recurring Charges**

- Date membership/agreement was cancelled: _____
- Requires proof of cancellation such as emails, confirmation number, or certified letter receipt.

☐ **Merchandise / Service / Credit was Not Received**

- Expected delivery date or date of service: _____
- In Section 4 – provide a detailed explanation:
 - Indicate specific details of product/service ordered
 - Describe your efforts to resolve with the merchant.
- Provide documents such as purchase confirmation, emails, texts, tracking numbers, merchant responses, etc. to support your claim.
- Additional information may be required.

SECTION 4 - DETAILED EXPLANATION

Member Signature: _____ **Date:** _____

FOR CREDIT UNION USE ONLY

MEMBER CENTER	SUPPORT SERVICES
<input type="checkbox"/> MAITE <input type="checkbox"/> DEDEDO <input type="checkbox"/> TAMUNING <input type="checkbox"/> CONTACT CENTER RECEIVED BY: _____ DATE: _____ NOTIFICATION TYPE: <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN	RECEIVED BY: _____ DATE: _____ PROCESSED BY: _____ DATE: _____ REVIEWED BY: _____ DATE: _____
CARD CAPTURED DATE: _____ (UNAUTHORIZED TRANSACTIONS)	



SECTION 5 – ADDITIONAL TRANSACTIONS

Member Number _____

Cardholder Initials _____