

NOTIFICATION OF DISPUTED TRANSACTION

If a transaction appears on your statement that you believe is in 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 transaction and send to:

Lakeshore Federal Credit Union (ATTN: Card Dispute Department)
2182 Lakeshore Drive
Muskegon, MI 49441
Phone Number: (231) 755-1202
Fax Number: (231) 755-0539

Please Note: If the charge is fraudulent, your card **must** be blocked, and the Cardholder Dispute Form must be completed and submitted to Lakeshore Federal Credit Union

Credit Card

Debit Card

ATM Card

Your Information *Required Fields

*Member Name:

*Account Number:

*Home Phone Number:

*Work Phone Number:

*Member's Street Address:

*City, State, & Zip:

Transaction Information *Required Fields

*Transaction Amount:

*Transaction Date:

*Disputed Amount:

*Reference #:

*Disputed Amount:

*Reference #:

*Merchant Name:

Related Information *Complete all that apply.

- I contacted the merchant on (mm-dd-yy) in an attempt to resolve this issue.
- I certify that the charge listed above was not made by me or a person authorized 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 authorize 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) totalling 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 the valid charge

I have not received the merchandise that was supposed to have been shipped to me. Expected date of delivery was
(mm-dd-yy). I contacted 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

(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 (mm-dd-yy), 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 (mm-dd-yy).
I returned it on (mm-dd-yy). The merchant's response was:

A copy of the credit slip and/or postal receipt is enclosed

I notified the merchant on (mm-dd-yy) to cancel the preauthorized order/reservation.
My cancellation number is: . I was was not informed of the cancellation policy when I made the reservation.
The reason I canceled was:

(If you do not have a cancellation number, please provide a copy of your phone bill showing the date and time of your transaction date.)

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

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

Use additional sheets as needed.

**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
(receipts, brochures, proof of return, etc.)**

Date: _____

Signature: _____

You must print and sign this form before sending it to Lakeshore Federal Credit Union.