



Debit Card Notification of Dispute Items

Please sign and return this form immediately to:
ISU Credit Union, 1309 S. Center Street, Normal, IL 61761 Fax 309.451.8410

Member Name: _____

Member Account #: _____ Daytime Phone#: _____

Debit Card #: _____ Amount of Dispute: \$ _____

I (circle one) do/do not have my debit card in my possession.

Date discovered Loss _____

	<u>Transaction Date</u>	<u>Amount</u>	<u>Merchant</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I have examined the charges made to my account and am disputing the above item(s) for the following reason:

____ Neither I nor any authorized person on this account performed the transaction(s) list listed above. In addition, neither I nor any authorized person on this account received the goods and services represented by this transaction.

____ I have (circle one) returned/canceled the merchandise on _____ because: _____

(Please provide postal receipt and/or credit slip.)

____ I have not received the merchandise that was to be shipped to me. Expected date of delivery was _____ I have contacted the merchant and their response was: _____

(In order to assist you with this type of dispute, the merchant must be contacted first.)

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

____ I was issued a credit slip for \$ _____ on _____ which has not appeared on my statement. A copy of my credit slip is enclosed.

____ Merchandise that was shipped to me arrived damaged and/or defective on _____. Merchant's response was: _____

(Please provide postal receipt and/or credit slip.)

____ I was charged \$ _____. My goods or services totaled \$ _____.

(Please provide a copy of the sales receipt with the correct amount.)

____ (Circle one) In writing/by phone, I canceled monthly services with the above merchant on _____.

____ Other - Attach a letter describing the dispute.

Comments: _____

Signature: _____ Date: _____

