



Member Number
Credit Union iTHINK Financial

Cardholder Dispute Form

Disputed Use of a Credit Card or Debit Card

Cardholder Name	Home Phone	Work Phone
Mailing Address Street	City, State	Zip
Type of Card:	Last 5 of Card Number:	
Choose one of the following to describe your dispute.		
I have been billed more than once for the same transaction (same amount and same date). I only authorized one charge with this merchant.		
My account has been charged for the transaction listed below but I have not received the merchandise or service. I expected to receive it by ____/____/____. I contacted the merchant on ____/____/____ and their response was _____ _____. The matter was not resolved.		
I have canceled this service/order with the merchant on ____/____/____. The merchant promised to credit my account by ____/____/____. The credit has not appeared on my account as yet.		
The item purchased does not conform to what was agreed upon with the merchant. I attempted to return the merchandise on ____/____/____. (Please specify what goods/services, or things of value were expected versus received. Enclose any documentation which supports your claim. If you have returned the merchandise to the merchant, please provide us with proof of return, such as return receipt, or provide us with the tracking number. If you were unable to return the merchandise, please explain why here (use a separate sheet if more room is needed): _____.		
I have received a credit voucher for the charge below but it has not appeared on my account. A copy of the credit voucher is enclosed.		
I have been billed the wrong amount. Enclosed is a copy of my sales draft showing the amount for which I signed. My receipt shows _____; however I was billed _____.		
My card number was used to secure this purchase; however, the final payment was made by check, cash or another credit card. Enclosed is my receipt, canceled check, copy of credit card statement or applicable documentation demonstrating that payment was made by other means.		
I have been billed for this transaction; however, the merchant was unable to provide the services. Please provide the reason for the merchant's inability to provide the service. Also, enclose any documentation that may support your claim (use a separate sheet if more room is needed): _____.		
If none of the reasons above apply: Please send us a letter with a complete description of the problem detailing your attempted resolution with the merchant and/or outstanding issues. Enclose all documents supporting your claim.		
Total amount of disputed transactions (itemized on the back of this page or on an attached page): \$		
I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for transactions involving my card and/or card account.		
Member's Signature	Date	
Co-Applicant/Authorized Signer	Date	

