



F3 CREDIT UNION
FAMILY • FRIENDS • FUTURE

Member Name:

Debit Card Num.:

Transaction Information:

(If more than one charge is in dispute, please provide a list specifying the information below for each charge.)

Merchant Name: Location:

Transaction Date: Amount \$

I am disputing the transaction(s) in question because of the following reason(s):

() The transaction(s) was unauthorized. *No one authorized to use this account signed for or participated in the

transaction(s)

() *If transaction is unauthorized, please indicate status of card (check one):

() Card Lost () Stolen DATE card was lost or stolen:

() Card still in account holder's possession

If card holder is still in possession of card, is counterfeit card use suspected: () Yes () No

() The charge(s) was paid by another means. Enclosed is a copy of the cancelled check or cash/credit receipt.

() The amount signed for on the sales draft differs from the billed on the monthly statement. Attached is a copy of the receipt.

() The transaction was authorized and then canceled. A credit voucher was issued (copy enclosed), but the credit has not posted to my account. If no credit voucher was issued, please explain the merchant's response to the cancellation / return.

() I have been billed multiple times (2 or more) for the same purchase. The original charge posted to my account on

() I placed an order with the merchant above. I have not received merchandise which I expected by. I have contacted the merchant for credit, but no credit has posted to my account.

() I cancelled this reservation on. The cancellation number provided to me is as follows:

() I cancelled this recurring charge with the merchant on. No Charges after this date are authorized from this merchant.

() I received merchandise different from what I ordered. Attached is a detailed letter explaining what was expected from the merchant, what was received, and that an attempt to return the merchandise was made.

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 fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

I understand that this credit may be provisional. For disputed transactions, failure to abide by the terms of the authorization agreement or if the merchant provides proof of valid charge, my provisional credit will immediately be reversed and I will be notified. If in accordance with MasterCard rules it is determined that there are no chargeback rights for the disputed transactions, I must take any further actions directly with the merchant.

By completing and signing this form, I acknowledge that I have given a correct and true disclosure of the transaction I am disputing. I realize that Pacific Postal Credit Union may call upon me to supply additional supporting documentation to strengthen my claim against the merchant. I realize that not providing all details or exact information related to my dispute may delay the dispute resolution process.

I have carefully read and understand the statements above.

Member Signature: Date Telephone