

Date at Credit Union _____

Please be advised that I, _____, am disputing the following charge(s) made on my check card number _____ in the total amount of \$ _____.

I am in possession of the Card? Yes ___ No ___
If no, was card lost, stolen or never received (circle one)

I did file a police report? Yes ___ No ___ If Yes police # _____

I gave the debit card PIN to someone else to use? Yes ___ No ___
If yes, who _____

I recognize any of these Merchants? Yes ___ No ___ (if yes put which merchants, when did I go there, how long ago, any other comments to help in investigation – put comments on back, if more room needed)

I attempted to contact the merchant? Yes ___ No ___
Date? _____

Who did I speak to? _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Date _____ Merchant _____ \$ _____

Reason CODE: (mark only one, if more than one, use multiple sheets)

- Unrecognized, Unauthorized or Fraudulent Transaction.
- Merchandise or Service Not Received, Incomplete Transactions
- Returned, Cancelled, Credit Not posted
- Defective, Counterfeit or Not as Described Merchandise or Services
- Incorrect Amount, Duplicate Transaction or Other processing errors

As the Cardholder I received an unexpected addendum charge to a transaction? Yes No
(An Addendum is a separate charge posting to the account after the cardholder had a previous sale [not necessarily on this card] with the merchant, such as an early cancellation fee, or damage to property [hotel].

Cardholder states -no one authorized to use this card engaged in this transaction? Yes No

Last Valid transaction date on card:
What is the date of last known valid transaction: _____
Amount of transaction \$ _____

Is this an EMV Chip Card? Yes No

I have engaged in at least one valid transaction using this card at this merchant, but not the transaction in question? Yes No
If yes, when did you purchase from the merchant _____

I suspect this transaction was the result of a counterfeit card? Yes No

Heartland Account # _____ Phone # _____

I did not authorize nor initiate the charges and I am requesting a refund of these charges to my account.

Signature

Date

FOR CREDIT UNION USE:

Printed MSO name _____ TELLER Number _____

Updated 5.16.16