

Cardholder Disputed Item Statement

Name:	Home Phone:
Street Address:	Work Phone:
City, State, Zip:	Card Number:
Email:	EMV Chip Card? Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of Loss: Lost Stolen Card was in my possession at the time the transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):
(Attach additional sheets if necessary.)

Merchant Name:	Amount:	Transaction Date:

The following explains my dispute:

- I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.
- I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized.
- I certify that I participated in the above transaction, but have not received the merchandise. (Describe in detail the merchandise or services you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant on the additional space provided)
- I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on _____ (date) per the merchant’s instructions and have not received credit. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on _____ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on _____ and canceled my reservation. (Please provide full details on the additional space provided.)
 - My cancellation number is _____
 - I was not given a cancellation number.
- The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant’s response.)
- I would like a copy of the sales draft. (Reason for request)

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- I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. **(Your card will be blocked.)**
- ATM transaction posted for a different amount than received.
Requested amount \$ _____ Amount received \$ _____

In dispute cases except those related to lost/stolen/counterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:

Attempt to Resolve Information:

- I have made an attempt to resolve with the merchant. (check one) YES NO
- Date of contact: _____
- Contact method: Telephone E-mail In-person Other(describe) _____
- Merchant’s response:

- If no attempt, why not?

Additional Comments:

Cardholder Signature _____ **Date:** _____

Please send this form, along with any other documentation required, to the Card Services Department. You may fax the form to 214-453-0717. Or mail to: GO Federal Credit Union, Card Services Department, 10501 N Central Expressway, Suite 300, Dallas, TX 75231. If you have any questions you may contact us at 214-742-6551, or out of area 888-742-6551.