

CARDS—DISPUTE FORM

Do not use this form for fraud or unauthorized transactions, or if your card was lost or stolen.

MEMBER INFORMATION:

Date _____
Card Holder Name. _____ Account # _____
Phone _____ Email _____

TRANSACTION INFORMATION:

Card # _____ Transaction Dates _____
Dollar Amount in Dispute: _____ Merchant Name: _____
\$ _____ \$ _____ Address: _____
\$ _____ \$ _____ City, State, ZIP: _____
\$ _____ \$ _____ Contact Phone: _____
Total : _____

SELECT A REASON:

Do not use this form for ATM disputes, fraud or unauthorized transactions, or if your card was lost or stolen.

- Disputing services / Not as described
- The credit or payment did not post to my account.
- My credit posted as a sale. (Provide a copy of the credit slip and the date of the original charge.)
- I was billed twice for a single purchase.
- I was overcharged for the purchase or transaction.
- I did not receive the merchandise or services, or the shipped merchandise I received was defective.
- I participated in the above transaction, but returned the merchandise/cancelled service/membership on _____ (date).
- I was charged for a service or purchase which I canceled.

ADDITIONAL INFORMATION

I have made an attempt to resolve the following charge with the merchant. _____ (Member's initials) Date of contact: _____

Merchant's response: _____

- I have included a written statement that provides additional details, and any other related information pertaining to my dispute.

Cardholder Signature _____ Date _____

RETURN MAIL: Salal Credit Union, Attn: Retail Support Department, PO Box 75029, Seattle, WA 98175-0029

F: 206.298.3495 **P:** 800.562.5515 ext. 8922

BRANCH EMPLOYEE _____ BRANCH _____