



CARDHOLDER DISPUTE

Go Energy Financial Credit Union
2100 E Exchange Place
Suite 101
Tucker, GA 30084

**DO NOT USE FOR UNAUTHORIZED TRANSACTIONS
(FRAUD)**

VISA extends billing rights to cardholders. In order to preserve those billing rights, a cardholder must notify the credit union within 60 days of the closing date of the statement on which the billing error or disputed transaction first appeared.

Date: _____ Cardholder Name: _____
Credit/Debit Card #: _____
(16 digit card number)

Date of Transaction	Posting Date of Transaction	Amount of Transaction	Merchant Name

SELECT TYPE OF DISPUTE (CHECK ONLY ONE):

ATM PIN TRANSACTION DISPUTE - Please allow up to 5 bus days for provisional credit to be applied after receipt of documentation.

<input type="checkbox"/>	I did not receive correct funds requested at an ATM. <i>Please provide transaction receipt.</i>	Transaction Date: _____ Time of Transaction: _____ Amount requested: _____ Amount Received: _____
<input type="checkbox"/>	I did not get credit for ATM Deposit. <i>Please provide transaction receipt.</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Check Amount: _____

CREDIT AND DEBIT CARD TRANSACTION DISPUTE

<input type="checkbox"/>	Charged twice for same transaction. <i>Cardholder certifies one transaction is valid, but posted more than once.</i>	Valid Transaction \$ _____ Post date: _____ Invalid Transaction \$ _____ Post date: _____
<input type="checkbox"/>	Cancellation (Hotel, Goods, Services). <i>Please enclose copy of letter, email, or fax informing the merchant of cancellation.</i>	Date of Cancellation: _____ Cancellation #: _____ Reason for cancellation: _____
<input type="checkbox"/>	Merchandise was returned. <i>Attached signed proof of return or credit slip.</i>	Reason for returning? _____ If you are unable to return the merchandise, please explain: _____
<input type="checkbox"/>	Merchandise Not Received. <i>Please contact the merchant and notify us of the outcome.</i>	I have not received the merchandise that was to be shipped or picked up on: _____ (mm/dd/yy) I have asked the merchant to credit my account. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ (mm/dd/yy)
<input type="checkbox"/>	Merchandise shipped was damaged or defective. <i>You must explain in detail how the merchandise was damaged or defective, provide proof and attempt to return the merchandise prior to exercising this right.</i>	I asked the merchant to credit my account. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ (mm/dd/yy)
<input type="checkbox"/>	Overcharged for a transaction. <i>Please provide a copy of the signed sales receipt.</i>	The amount was increased from \$ _____ to \$ _____
<input type="checkbox"/>	Credit Not Posted to Account. <i>Please enclose a copy of the dated credit slip or notice of the credit from the merchant and a detailed explanation of your dispute.</i>	The merchant has 30 days to credit your account.
<input type="checkbox"/>	Transaction paid by other means. <i>Please provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.</i>	I contacted the merchant on: _____ (mm/dd/yy) What was the outcome of the merchant contact? _____
<input type="checkbox"/>	Service Dispute. Please describe the nature of your dispute and your attempts at resolution on a separate sheet of paper and attach to this form. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.	

SIGNATURE REQUIRED: _____ **DATE:** _____

Please keep the original for your records.