



CREDIT CARD DISPUTE FORM

Member Information	Name (First, Middle, Last)		Account Number	
	Mailing Address	City	State	Zip Code
	Daytime Phone Number		Evening Phone Number	

Signature		
	<i>Member Signature</i>	<i>Date</i>

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form. This form must be received at the Customer Service address or fax number stated below within 60 days of the closing date as printed on your statement. Please include a copy of your statement highlighting the disputed transactions when mailing or faxing a copy of this form to:

ALCOA PITTSBURGH FCU ATTN: VISA DISPUTES 30 ISABELLA ST, SUITE 100 PITTSBURGH PA 15212	OR	FAX TO: 412-553-2464
---	-----------	--------------------------------

Transaction Information	Transaction Amount	\$ _____	Transaction Date	_____
	Dispute Amount	\$ _____	Reference Number	_____
	Merchant Name	_____		
	I contacted the merchant on _____ (date) in an attempt to resolve this dispute.			

<input type="checkbox"/>	I certify that the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge.
<input type="checkbox"/>	I certify that I did not participate in nor authorize the above referenced mail order or telephone order transaction(s). I understand that no signed or imprinted sales slip copy is available for verification purposes.
<input type="checkbox"/>	Although I did participate in a transaction with the merchant, I was billed for _____ transaction(s) totaling \$_____ that I did not participate in, nor did anyone else authorized to use my card. I do have all my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.
<input type="checkbox"/>	I have not received the merchandise that was to have been shipped to me. Expected date of delivery was _____(mm-dd-yy). I contacted the merchant on _____(mm-dd-yy) and the merchant's response was _____ (In order to assist you more effectively, you must contact the merchant and inform us of their response).
<input type="checkbox"/>	I have returned the merchandise on _____(mm-dd-yy) because _____ (Please provide a copy of the return receipt or proof of return)
<input type="checkbox"/>	The attached credit slip was listed as a charge on my statement.
<input type="checkbox"/>	I was issued a credit slip \$_____ on _____(mm-dd-yy), which did not appear on my statement. A copy of my credit slip is attached.

<input type="checkbox"/>	<p>I have been billed an incorrect amount. My credit card receipt shows \$_____. However, I was billed \$_____. (Please send a copy of your sales receipt).</p>
<input type="checkbox"/>	<p>I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$_____. (Please send a copy of your sales receipt).</p>
<input type="checkbox"/>	<p>I notified the merchant on _____(mm-dd-yy) to cancel the preauthorized order (reservation). My cancellation number is _____. I was / was not (circle one) informed of the cancellation policy when I made the reservation. The reason I cancelled was: _____. (If you do not have a cancellation number, please provide a copy of your phone bill showing the date and time of the cancellation call).</p>
<input type="checkbox"/>	<p>I cancelled the subscription / membership / policy (circle one) which was charged to my account by the above referenced merchant on _____(mm-dd-yy). I cancelled the charge prior to the transaction date.</p>
<input type="checkbox"/>	<p>The transaction was paid by other means. (Please provide a copy of your cash receipt, or the front and back of your cancelled check or a copy of your statement if another credit card was used).</p>
<input type="checkbox"/>	<p>Other. (Describe below. Please include what attempts have been made to contact the merchant and resolve).</p>