



Pittsburgh Federal Credit Union

Providing Premium Financial Services

DEBIT 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 of 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 ABSC BUILDING, SUITE 100 30 ISABELLA STREET PITTSBURGH PA 15212 | OR | 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. | | | |

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|--------------------------|--|
| <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 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 for \$ _____ on _____ (mm-dd-yy), which did not appear on my statement. A copy of my credit slip is enclosed. |
| <input type="checkbox"/> | Merchandise, which was shipped to me, arrived damaged and/or defective on _____ (mm-dd-yy). I returned it on _____ (mm-dd-yy). Merchant's response was _____. A copy of my credit slip and/or postal receipt is enclosed. |

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| <input type="checkbox"/> | I have been billed an incorrect amount. My credit card receipt shows \$_____. However, I was billed \$_____. (Please send a copy of your sales receipt) |
| <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | The transaction was paid by other means. (Please provide a copy of your cash receipt, or the front and back of your canceled check or a copy of your statement if another credit card was used.) |
| <input type="checkbox"/> | Other. (Describe below. Please include what attempts have been made to contact the merchant and resolve) |