Dow Chemical Employees' Credit Union

VISA® CHECK CARD STATEMENT OF DISPUTE OR FRAUD

Cardholder Name:_____ Card Number: _____

Cardholder Address: _____

Transaction Details: All transactions must have cleared the account and cannot be on hold

Date: _____ Amount $_____ Merchant:_____

Date: _____ Amount $_____ Merchant:_____

Date: _____ Amount $_____ Merchant:_____

Date: _____ Amount $_____ Merchant:_____

Date: _____ Amount $_____ Merchant:_____

Date: _____ Amount $_____ Merchant:_____

Date: _____ Amount $_____ Merchant:_____

I am disputing the above charge(s) due to the following reason (check **only one** reason and give details and description in area provided on page 2):

☐ I cancelled the (check one) service ☐ or merchandise ☐ on (date) _____

☐ I returned the merchandise on (date) _____

☐ I did not receive the (check one) service ☐ or merchandise ☐ that was to be provided on (date) _____

☐ The amount billed is incorrect. I have enclosed a copy of my sales slip. The correct amount is $_____

☐ The above listed charge was paid previously by another method. I am enclosing proof of that payment

☐ I have not received credit that was promised for the transaction. (Enclose copy of credit receipt if available)

☐ The charge listed was a single transaction but posted ____ times to my account

☐ I am disputing a guaranteed reservation service and no show charge. My reservation date was for _____
The cancellation number is _____ and the date of the cancellation was _____

☐ I am disputing vehicle rental charges. I returned the vehicle on (date) _____

☐ I have not, nor has anyone authorized by me engaged in this transaction
My card was lost on (date): _____ My card was stolen on (date): _____

☐ I have not authorized, participated in or received any benefit from this transaction in any way. My card has not been out of my possession.

P.O. Box 1649 Midland, Michigan 48641-1649
Ph: 989.835.7794 | 800.835.7794 | Fax: 989.832.9295
www.dcecu.org

Revision Date:6/16/2015

Dow Chemical Employees' Credit Union

To process your claim, you **must** provide details below. If the following information is not completed, processing may be delayed or cancelled. Please include the following details: contact or attempted contact with the merchant, details about who may have made the charge if it was not authorized by you, supporting documentation, merchant responses, and/or reason for return or cancellation. If merchandise or services were not received, please list the items and date the items were expected to arrive.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Police Report Information

Date Filed_____ Case Number_____ Officer Name _____

Law Enforcement Agency _____ Agency Location_____

- Notification must be received within **60 days** after your statement was mailed/made available to you on which the charge(s) appeared.
- If requesting a copy of a transaction receipt, we must allow the merchant up to 30 days to fulfill your request (45 days on international purchases).
- You must allow 30 days for receipt of shipped merchandise unless the merchant stipulated a specific delivery date when the order was placed.
- If you returned the merchandise to the merchant, you must allow the merchant 30 days, from the return date, to issue credit to your account.
- In order to protect your dispute rights provided by VISA®, the purchase must have been processed through the VISA® Network.

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statues and may be punishable by fines and/or by imprisonment.

_____ _____

Signature Date

Phone Number: _____ Daytime Alternate Number: _____

For internal use only: **Employee Initials**_____ F Code_____ D Code_____

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