

Please complete this dispute form regarding your inquiry on your credit/debit card statement. You must provide a copy of the statement showing the disputed transaction and you must complete all areas marked as *required*. Upon receipt of this letter, we will take the necessary action to resolve this dispute and will correspond with you in writing. Please complete and sign this form using blue or black ink only.

Cardholder information (required)

Credit/Debit Card Account Number _____
Cardholder Name _____
Cardholder Address _____
Cardholder Telephone Number _____

Transaction information (required)

Merchant Name _____
Merchant Location _____
Transaction Amount _____ Transaction Date _____
Amount of Dispute _____
(If the amount in dispute is different from transaction amount, please explain.)

Did you attempt to resolve the dispute with the merchant? (required)

___ Yes Spoke with _____ on (date) _____
Merchant's response _____
___ No Reason merchant was not contacted _____

Reason for dispute: (required - check all of the boxes that apply to your dispute)

___ I neither authorized nor participated in this transaction.
___ The same transaction was posted twice to my account.
___ The amount of the transaction is incorrect. My receipt is for \$ _____
(A copy of your receipt must be attached.)

___ I have a dispute with an ATM transaction. *(Receipt must be attached for ATM disputes.)*
 I acknowledge participation in the ATM transaction, but I did not receive any funds.
 I acknowledge participation in the ATM transaction, but only received a portion of the funds. I requested _____, but only received \$ _____
 I acknowledge participation in the ATM transaction, but it was posted twice.

List the date the financial institution was notified of the billing error. _____

___ I cancelled services or merchandise, but was still billed for the transaction. *(check one)*
Date of cancellation (required) _____
Reason for cancellation _____
Spoke with _____
Cancellation Number *(required for hotels & car rentals)* _____

___ I returned merchandise, and have not received a credit. *(Attach credit or return receipt.)*
Date returned _____ Date received by merchant _____ RMA # _____
Shipping company name _____ Shipping/tracking # _____
Address shipped to _____
Who signed for the package? _____

___ I have a credit voucher, letter of intent to credit, or a refund acknowledgement that has not posted.
(If available, please attach a copy.)
Date of credit _____ Any invoice/receipt number of the credit _____

___ I did not receive merchandise or services that I ordered. *(check one)*
What was the expected date of receipt for the merchandise or services? _____

___ I paid for the purchase using another method. *(You are required to attach proof, i.e., a front and back copy of a cancelled check, or a copy of statement if another card was used.)*

___ My dispute is about the quality of the services or merchandise that I received. *(check one)*
Use the following space to describe one or more of the following: (required)
Has the merchandise been returned? _____ *(If yes, also complete the returned merchandise section of this form. If no, explain why on the lines provided below.)*

If your dispute is about the differences between what was ordered and what was received, please provide a detailed explanation. Was the product defective? Why was item unsuitable for your needs?

Please attach any type of agreement or contract that you may have with this merchant. If you have any other documents that may be pertinent to your dispute, please send a copy.

Please provide any other details that may be relevant to your dispute. (MUST FILL OUT)

Signature _____ *(required)*

Return this dispute form and other documents to:

**PALCO Federal Credit Union
P.O. Box 330
Muncy, PA 17756
Fax: 570-546-6868**