



# STATEMENT OF DISPUTED DEBIT CARD TRANSACTION(S)

Date: \_\_\_\_\_

## Member Information

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Card Number Used \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

## Transaction Information

Transaction Date (Date card was swiped)	Posting Date (Date transaction posted to account)	Merchant Name	Transaction Amount

Please check one of the following reasons why you are disputing the transaction(s)

**Cardholder was billed twice**

Valid Transaction amount: \_\_\_\_\_ Date Posted: \_\_\_\_\_  
 Invalid Transaction amount: \_\_\_\_\_ Date Posted: \_\_\_\_\_

**Membership Cancelled - Provide supporting documentation if available**

Date membership was cancelled: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
 Reason for cancelling membership: \_\_\_\_\_  
 Was cardholder advised of any cancellation policy:  Yes  No  
 If yes, what was the policy: \_\_\_\_\_

Did cardholder make a follow-up call to the merchant:  Yes  No Date: \_\_\_\_\_

**Merchandise was returned - Proof of return postal paid receipt must be supplied**

Item(s) Ordered: \_\_\_\_\_  
 Item(s) Received: \_\_\_\_\_  
 Reason for return: \_\_\_\_\_  
 Did cardholder make a follow-up call to the merchant:  Yes  No Date: \_\_\_\_\_  
 Merchant's Response: \_\_\_\_\_

**Merchandise not received**

Expected delivery date: \_\_\_\_\_  
 Did cardholder make a follow-up call to the merchant:  Yes  No Date: \_\_\_\_\_  
 Merchant's Response: \_\_\_\_\_  
 Did cardholder cancel the order when merchant was contacted:  Yes  No Date: \_\_\_\_\_  
 How was the contact made: (e.g. Phone, Email, etc) \_\_\_\_\_  
 If order was cancelled but still received, did cardholder send it back to merchant  Yes  No  
 If returned provide tracking number or postal paid receipt: \_\_\_\_\_



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**Cardholder was overcharged for purchase** - *Sales Receipt Needed*  
Amount approved: \_\_\_\_\_ Amount Charged: \_\_\_\_\_

**Credit transaction (Return) was posted as a charge** - *Sales Receipt and Credit Receipt Needed*  
Transaction Amount: \_\_\_\_\_

**Credit transaction (Return) was not posted to account** - *Sales Receipt and Credit Receipt Needed*  
Transaction Amount: \_\_\_\_\_

**Merchandise was paid for by other means**  
Need copy of cancelled check, cash receipt, billing statement from credit card, etc.

**Charged for cancelled Hotel Reservation** - *Provide any supporting documentation*  
Was cardholder advised of any cancellation policy:  Yes  No  
If yes, what was the policy: \_\_\_\_\_  
Date Cancelled: \_\_\_\_\_ Cancellation Confirmation Number: \_\_\_\_\_

**Other situation not described above**  
Please describe your situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for submitting your Dispute Claim. Lake Trust Credit Union will submit this claim on your behalf to MasterCard. This process can take up to 120 days to settle, however provisional credit is posted to the account within 10 business days of the form being received with all supporting documentation. Lake Trust will contact you if further assistance is needed with your claim. If you have any questions regarding your claim please call 888-267-7127.