

102 Motor Pkwy., Hauppauge NY Mail: P.O. Box 9005, Smithtown NY 11787 Tel: (631) 698-7000 Fax: (631) 648-2045 web:www.teachersfcu.org

## <u>Debit Dispute Investigation Request</u> <u>Type of Investigation: Merchant Dispute</u>

- \* Non-Receipt Merchandise/Service
- \* Merchandise/Service Not as Described
  - \* Charged after Cancellation
    - \* Paid by Other Means
  - \* Charged Incorrect Amount

## **<u>Detailed Letter of Explanation</u>**: Merchant Dispute

**Dispute Letter** must include the following:

- \* date of transaction \* merchant name
  - \* dollar amount\* reason for dispute

\*date member contacted merchant and merchant response

- \* copies of receipts/contracts/emails
- \* if applies cancellation policy/documents

  \*any other pertinent information

Name:	Date:
Member #:	
Deposit Account #:	
Debit Card Number:	
Address:	
E-Mail Address:	
Phone (Home):	Phone (Cell):

**Incorrect Amount** (I was billed the wrong amount) - What was the amount you should have been billed? - What was purchased? \*\*Please provide a receipt if available\*\* **Duplicate Charge** (I have been billed more than once for the same transaction) - What was purchased? \_\_\_\_\_ - What is original transaction date and dollar amount - What is date of duplicate charge \_\_\_\_\_ Paid by Other Means (I paid for this transaction via another payment method or credit card) - What was purchased? - Paid by:(check one) Cash - Another Credit Card Check – Other - \*\*\*Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used\*\*\* Cancelled (I was charged for something I previously cancelled) - What was purchased? Were you advised of the merchant's cancellation policy? If so, how were you advised? - What was your method of cancellation? (check one) Phone - Mail - Email -Other - Date of cancellation: \_\_\_\_\_\_ - Cancellation number and/or name of person you spoke with:

Please check **ONE** statement that pertains to the dispute being filed and provide

the information requested from your (the cardholder's) point of view:

***If you cancelled by email, please provide a copy of the email correspondence***  Merchandise not as Described (The merchandise I received was damaged, defective, or not what I ordered)
- What was purchased?
- Date the merchandise was received:
- Date you returned the merchandise or made it available for pick up:
- Return authorization number or cancellation number if available:
- Tracking number for returned merchandise:
**Be sure to describe how the merchandise you received was different from what was ordered **
Service not as Described (The service I received was not what I expected based on the description provided by the merchant)
- What was purchased?
- Date the service was received:
- Date you cancelled or attempted to cancel the service:
- Was merchandise received with the service? If yes, please provide the date you returned the merchandise or made for pick up:
- Return authorization number or cancellation number if available:
- Tracking number for returned merchandise:
Non-Receipt of Merchandise or Service (I did not receive the merchandise or service I ordered by the agreed upon date)
- What was purchased?
- If merchandise, was it to be shipped or picked up?

Credit not Processed (I did not receive cre	dit that was promised to me by	/ the
erchant)		
What was purchased?		
Expected date of credit:		
Date merchandise or service was received:		
Date merchandise or service was returned or cano	celled:	· If
credit is for merchandise, please provide:		
(1) Date you returned the merchandise or made it	available for pick up	
(2) Return authorization number or cancellation nu	umber if available	
(3) Tracking number for returned merchandise:		
**Please provide a copy of the return receipt or pro if applicable***	of of return, such as a postal re	eceipt

*** PLEASE REFER TO PAGE 1 FOR DISPUTE LETTER REQUIREMENTS ***		
-		
_		
Member Signature	Date	
Debit Card Number:		