

Cardholder Disputed Item Statement

Cardholder Name: _____

FULL Card Number: _____

Account No: _____

Phone Number: _____

Share or Loan ID: _____

Email Address: _____

Have you ever allowed anyone to use this card or the card number?

NO

YES

**If yes, please provide details of this in the Explanation of Dispute section below.*

Did you participate in this transaction or a prior transaction with the merchant?

**Tip: Search merchant name to verify.*

NO List the transaction(s), fill out member explanation and proceed to Section 1.

**Section 2 is NOT required*

YES For cash transfer type merchants (Cashapp, Venmo, Zel, Wyre), contact the merchant regarding transactions processed with the stored credential.

For all others, list the transaction(s), fill out member explanation and proceed to Section 2.

**Section 2 is required*

I wish to dispute the following transactions on my account.

** If disputes exceed this space, use page 3 for additional transactions.*

Amount	Merchant Name	Date Transaction Posted <small>*If pending leave blank</small>
Total		* If total is over \$750, you must ALSO complete CUNA Bond Claim form.

Member Explanation of Dispute

Member Signature _____

Date _____

**Provisional credit is typically issued within 48 hours. If needed, it may take up to 10 business days.*

For Credit Union Use Only: **Scan to card disputes folder after completion**

Associate User #: _____ Associate Name: _____ Branch: _____

Section 1

The card was: Lost Stolen In your possession at the time the transaction occurred

Date the card was lost or stolen: _____

Is this your first notification to the credit union?

Yes No, I first contacted ELGA on _____ (Date).

*Card **MUST** be blocked as **FRAUD** in order to dispute; not lost/stolen.

Section 2

Fill out the type of dispute that best applies (**YOU CAN ONLY CHOOSE ONE**)

Services/Merchandise Not Received

What was purchased? _____

Expected date of service/delivery _____

Last date of contact with merchant (or attempted): _____

Merchant's response (If any): _____

Contact Method: Email Phone Other _____

Cancelled Services

Cancellation date (Merchant cancellation policies may apply): _____

Merchants reason for not issuing refund: _____

Cancellation date must be before the transaction has posted

Charged Twice for the Same Transaction

Amount charged both or multiple times: _____

Dates of these transactions: _____

If these transactions are posting monthly or quarterly, this may be a recurring charge that was set up beforehand

Misrepresented Services/Merchandise

What was purchased? _____

Service/Merchandise was: not as described defective counterfeit

Last Date of Contact with the Merchant _____

**Required:*

1. Documentation showing the description of the expected service/merchandise.

2. Pictures proving merchandise/service doesn't match the description.

Charged Wrong Amount

Original amount: _____ Amount charged: _____

Proof of this is required (either a receipt or email confirmation)

*If none of these dispute types apply, please fill out page 1 of this form and email it to card.disputes@elgacu.com. An associate will review the form and contact you with additional questions.

