Verchant CARDHOLDER STATEMENT OF DISPUTE FOR DEBIT/CREDIT CARD

You must complete each item in this section below and check one of the boxes below. (including providing all required documentation which may include a detailed cardholder letter). FAILURE TO PROVIDE ALL REQUESTED DOCUMENTATION COULD AFFECT THE OUTCOME OF YOUR CLAIM.

Cardholder Name: Email Address:			Debit/Credit Card Number:		
		P	Primary Phone:		
Merchant Name	with City and State:		Dollar Amount:	Transaction Date:	
	PLEASE COMPLETE ONE	FORM PER	L DISPUTED TRANSACT	ION.	
DUPLICATE	E TRANSACTION: I was charged twice fo	r the same trar	saction. Only one transac	ction was authorized.	
Valid transaInvalid trans	Valid transaction amount \$ Date of valid transaction// Invalid transaction amount \$ Date of invalid transaction//				
	THER MEANS: The transaction was paid other means, such as a cash receipt, car ction.				
What date w	Did you attempt to resolve with the merchant? Yes No What date was the merchant contacted?/ What was the merchant's response?				
on my recei				n is different than the amount that appeared are subject to final audit by the merchant. A	
However, I hI contacted of	ceipt shows \$ nave been billed \$ on merchant on/				
30 days hav received or PROVIDE I	re passed from the expected date of delive the services have not been rendered by REQUESTED DOCUMENTATION MA	very. You must y the expected AY DELAY TH	contact the merchant and I date. FAILURE TO CC E PROCESSING OF YC	not receive the merchandise or services and explain that the merchandise has not been DMPLETE ALL APPLICABLE FIELDS OF DUR CLAIM AND NEGATIVELY AFFECTE and what the merchant's response was	
What was theDid you atteredDate of lasteredMethod of control	escription of merchandise/services ordered he expected date of delivery?/ mpt to resolve the transaction with the mechant://_ contact with merchant:// contact (i.e. phone or email):/ he merchant's response?	erchant? Yes	s No		
	,			Cardholder	

Recovery

CANCELLED MERCHANDISE OR SERVICES: (INCLUDING RECURRING TRANSACTIONS) OR CREDIT NOT PROCESSED: I did authorize this transaction with the merchant, but I attempted to cancel it. Proof of written cancellation is required to be attached. A copy of the contract, the cancellation date, the cancellation letter sent to the merchant, reason for cancellation and/or the cancellation number is required. You received a credit on the above transaction, and it has not appeared on my statement. Please be sure that 15 days has passed from the date of the credit slip prior to submitting a dispute. If the merchant issued credit a copy of the credit receipt or refund acknowledgment is required. FAILURE TO COMPLETE ALL APPLICABLE FIELDS OR PROVIDE REQUESTED DOCUMENTATION MAY DELAY THE PROCESSING OF YOUR CLAIM AND NEGATIVELY AFFECT THE OUTCOME.

Described what was purchased	
Described what was purchased	
Were you advised of the cancellation policy: If yes, what was the policy?	
What was the reason for cancelling merchandise/services?	
What was the date of cancellation?/	
Was a cancellation code/number provided: If yes, please provide the cancellation of	ode/number.
Was the merchandise returned? Yes No If no, provide the disposition of the	
Date of return/ Tracking # Did you attempt to resolve with the merchant? Yes No	Carrier
Name of the person you spoke to:	
NOT AS DESCRIBED: (INCLUDING MISREPRESENTATION, COUNTERFEIT MER SERVICES. I did authorize the transaction, but the merchandise or services received written or verbal description. I have returned the merchandise for a credit. FAILURE PROVIDE REQUESTED DOCUMENTATION MAY DELAY THE PROCESSING THE OUTCOME. Please attach a letter explaining the details surrounding yo	d were defective or not as described according to the ETO COMPLETE ALL APPLICABLE FIELDS OR G OF YOUR CLAIM AND NEGATIVELY AFFECT
Also supply proof of return and any documentation to support your claim.	· · · · · · · · · · · · · · · · · · ·
Provide a detailed description of what was ordered (i.e. color, size, etc.)	
Please provide a detailed description of your dispute with the merchant What date was the merchandise or services received or expected date to receive?	
What date was the merchandise or services received or expected date to receive?	//
Was the merchandise returned? Yes No If no, provide the disposition of the	e merchandise
Date of return/ Tracking # Did you cancel the transaction with merchant: If so, what date did you cancel?	Carrier
What date did you attempt to resolve issue with the merchant?/	
What was your last date of contact with the merchant?/	
What was the name of the person you spoke with?	
What was the merchant's response?	
•	
SALES RECEIPT REQUEST: I am not disputing this transaction. I would only like a domestic transaction and 60 days for an international transaction to provide a cop *A fee may apply; please check with your credit union.	
Reason for copy of the sales receipt:	
Personal records (tax purposes) Legal proceedings (court order or subpoena)	
rdholder Signature:	
rdholder Signature:	Date
RECOINED Salaholaci Signature	Buto
	Recoveru
	Necoveru

Services



What to expect during a fraud case:

Any Card Numbers affected will be closed **IMMEDIATELY**.

Card Numbers involved MAY not be ren issued to the member until the case is resolved.

A dispute between you and the merchant is not considered fraud and different guidelines

apply. How to initiate your claim:

- Complete the Cardholder Statement of Dispute for Debit/Check Card. This form is located on our website under Forms and Disclosures at www.geovistacu.com or you may also get this form by contacting your credit union.
- 2. Complete ONE form for EACH transaction.
- 3. Submit a copy of your Police Report and any additional paperwork requested by your Credit Union.
 - Complete an ATM/Debit Card reorder form. The form is located on our website under Forms
- 4. and Disclosures at www.geovistacu.com. You may also contact your credit union to receive a copy of this form.

To Sum it all for you:

Be sure to provide us with as much detail as possible.

Make sure you complete all the forms required by your Credit Union to ensure you do not jeopardize your case.

<u>CONDITIONAL CREDITS</u> will be issued as soon as we receive <u>ALL</u> the required documentation. (Please note conditional credits are only given during a fraud case.)

Please BE PROMPT. This is a lengthy process with strict guidelines and deadlines. Please help us meet them.

Final Notice

We will maintain contact with you during your case if we have any questions. You will be contacted by mail once your case is resolved.

Fax/Mail

You can fax copies to: Fraud Department

Attn: Plastics 912 368 6004

You can email copies to: Plastics@geovistacu.com

Please mail the originals to: GeoVista Credit Union

GeoVista Credit Union Attn: Fraud Department PO Box 3030

Fort Stewart, GA 31315

If you have any questions, just give us a call. 912-368-2477 opt 6 and ask for the Plastics Card Fraud Dep.

Tips to prevent yourself from becoming a victim:

- * Always check internet security features, <u>HTTPS</u> should start the address on any secure website. A small yellow padlock should be located at the bottom of any secure website, if you place your mouse on top of the padlock the site's information should appear.
- * Never provide personal fi nancial information, including your Social Security number, account numbers or passwords, over the phone or the Internet if you did not initiate the contact.
- * Never click on the link provided in an e-mail you believe is fraudulent. It may contain a virus that can contaminate your computer. If you believe the contact is legitimate, go to the company's Website by typing in the site address directly or using a page you have previously book marked, instead of a link provided in the e-mail.

If you fall victim to an attack, act immediately to protect yourself. Alert your financial institution. Place fraud alerts on your credit files. Monitor your credit files and account statements closely.