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:	Debit/Credit Card Number	Debit/Credit Card Number:	
Email Address:	Primary Phone:		
Merchant Name with City and State:	Dollar Amount:	Transaction Date:	
PLEASE COMPLETE ONE FORM F	PER DISPUTED TRANSACTIO	N.	
DUPLICATE TRANSACTION: I was charged twice for the sam	e transaction. Only one transactio	n was authorized.	
 Valid transaction amount \$ Date of val Invalid transaction amount \$ Date of inval 	•		
PAID BY OTHER MEANS: The transaction was paid by cash or payment by other means, such as a cash receipt, cancelled ch other transaction.			
 Did you attempt to resolve with the merchant? Yes No What date was the merchant contacted?// What was the merchant's response? 			
INCORRECT AMOUNT: I was overcharged for the transaction on my receipt. Attach a copy of your sales voucher or rental a copy of your receipt is required.			
 My sales receipt shows \$			
MERCHANDISE/SERVICES NOT RECEIVED: I did autho 30 days have passed from the expected date of delivery. You received or the services have not been rendered by the exp PROVIDE REQUESTED DOCUMENTATION MAY DELA THE OUTCOME. Please attach a letter explaining the deta	must contact the merchant and ex ected date. FAILURE TO COM Y THE PROCESSING OF YOU	xplain that the merchandise has not bee IPLETE ALL APPLICABLE FIELDS O R CLAIM AND NEGATIVELY AFFEC	
 A detailed description of merchandise/services ordered (i.e. co What was the expected date of delivery?// Did you attempt to resolve the transaction with the merchant? Date of last contact with merchant:// Method of contact (i.e. phone or email): What was the merchant's response? 	Yes No		
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CANCELLED MERCHANDISE OR SERVICES: (INCLUDING RECURRING TRANSACTIONS) OR CREDIT NOT PROCESSED: 1 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 _ •
- What was the expected date merchandise/services? ____/___/ •
 - 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 code/number. •
 - Was the merchandise returned? Yes No If no, provide the disposition of the merchandise •
 - Date of return ____/ ___ Tracking # _____ Carrier _____ •
 - Did you attempt to resolve with the merchant? Yes No •
 - Name of the person you spoke to: •
 - What was the merchant's response?

NOT AS DESCRIBED: (INCLUDING MISREPRESENTATION, COUNTERFEIT MERCHANDISE), OR DEFECTIVE MERCHANDISE OR SERVICES. I did authorize the transaction, but the merchandise or services received were defective or not as described according to the written or verbal description. I have returned the merchandise for a credit. FAILURE TO COMPLETE ALL APPLICABLE FIELDS OR PROVIDE REQUESTED DOCUMENTATION MAY DELAY THE PROCESSING OF YOUR CLAIM AND NEGATIVELY AFFECT **THE OUTCOME.** Please attach a letter explaining the details surrounding your dispute and what the merchant's response was. Also supply proof of return and any documentation to support your claim.

- What was purchased? Merchandise or Services
- 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? / /
- Was the merchandise returned? Yes No If no, provide the disposition of the merchandise _____

 Date of return ____/____
 Image: Carrier _______

 Did you cancel the transaction with merchant: If so, what date did you cancel? _____/____/_____
- •
- 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 copy of the sales draft. The merchant has 45 days for a domestic transaction and 60 days for an international transaction to provide a copy of the sales receipt once they receive the request. *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)

Cardholder Signature:

REQUIRED - Cardholder Signature

Date



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We apologize for the inconvenience this may have caused you and look forward to assisting you throughout this unfortunate process.

Debit Card Merchant Dispute Guidelines:

- **Contact the merchant:** Try to resolve the issue with the merchant first. Document your attempts to resolve the issue.
- **File a dispute:** Contact GeoVista to file a dispute. You will need to complete a form for each transaction, provide a detailed letter with a signature of what you have done to resolve the issue with the merchant, and provide documentation.
- Wait for a response: the merchant has a set amount of time to respond to the claim. This process could take up to 120 days. Provisional credit may not apply until the case is closed.
- Provide a rebuttal: If a merchant responds, you may need to provide a written rebuttal.

Tips to stay protected:

- Keep records: Keep receipts and other records of transactions
- Act quickly: Notify GeoVista as soon as possible.
- **Be prepared to provide documentation:** You may need to provide copies of receipts, emails, confirmation/cancellation number, or other documents.
- Make sure online sites are secured: You can identify with a small, stylized padlock icon, typically displayed on the address bar of the web browser. Usually positioned on the left side of the website's URL.
- **Secure personal information:** Never give out your social security number, online banking information, card number, or account passwords.

Contact Us:

PHONE; 912-368-2477 opt. 2

FAX: 912-368-6004

EMAIL: PLASTICS@GEOVISTACU.COM

MAIL: PO BOX 3030

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