

Customer Dispute Request

Fax completed forms to FICU at (217) 446-1195 or Mail to 323 N Gilbert Street, Danville, IL 61832

Card Number:		Date Account Hot Carded:	
Cardholder Name:			
Cardholder Address:			
Disputed Transaction:			
Date:	Dollar Amount:	Merchant Name:	
Date:	Dollar Amount:	Merchant Name:	
Date:	Dollar Amount:	Merchant Name:	
Card was lost/stolen at the time of the transaction?		Yes	No
I have attempted in good faith to resolve this dispute with the merchant. If yes, include details of the attempt:		Yes	No
		Time:	
CU Complete:	Date Card Blocked Created	/	/
		YYYY	Date FRIS (Fraud) Case
			/
			YYYY
Check one category below that best describes your dispute.			
	Category	Description	
	Unauthorized	I did not authorize this transaction.	
	Double billing	I was billed twice for the same transaction. The correct transaction posted to my account on ___/___/___ (date). I had possession of my card(s).	
	Merchandise or service not received	I did not receive the merchandise or service I expected to receive on ___/___/___ (date).	
	Credit not received	I was issued a credit receipt that did not post to my account. A copy of the credit receipt is enclosed with this form.	
	Cancelled reservation	I spoke to _____ (name) to cancel my hotel reservation on ___/___/___ (date).	
	Paid by other means	I paid for this transaction using cash, check, or other bankcard. Enclosed is a copy of my cash receipt, cancelled check, or other bankcard statement.	
	Incorrect amount	I was billed \$ _____, the correct amount is \$ _____.	
	Returned merchandise	I returned the merchandise to the merchant on ___/___/___ (date). Enclosed is a copy of the delivery carrier receipt and/or bank card credit receipt.	
	Defective merchandise	The merchandise arrived broken, defective, or otherwise unsuitable. I attempted to return the merchandise on ___/___/___.	
	Not as described	The product or service I received was not as described by the merchant. I attempted to return the merchandise on ___/___/___ (date). Enclosed are the merchant's advertisement and a letter explaining what I expected to receive.	
	Cancelled services	I cancelled the service on ___/___/___ (date), however the merchant continues to bill me.	
	Non-recognition	I do not recognize this transaction.	
	Other – Categories above do not describe situation	Enclosed is a detailed letter that describes my situation.	

Date: ___ / ___ / ___ **Signature:** _____