

Member Plastic Dispute Packet

What is a dispute?

- A dispute is when you actually do business with a merchant at some time and now question the transaction or the amount of the transaction.

Example 1: An Internet service provider continues charging your account after you have cancelled the service.

Example 2: You are overcharged or double charged for a valid purchase.

- You should always attempt to resolve the problem with the merchant first. If the merchant does not offer or provide a satisfactory solution, then a dispute claim should be filed.

How do I file a claim?

- You have **60 days** from the time you receive your statement, on which the error appears, to file a dispute.
- After you have contacted your financial institution, complete the necessary forms and collect any additional documentation. Return all of the information to your financial institution as quickly as possible.
- The dispute process will take at least **45 days** to complete, once the necessary information has been provided.
- Provisional credit may be granted after your completed forms and information have been received. If your completed forms are not received within **10 business days** from initial notice to GLCU, then provisional credit may be withheld and any previously posted provisional credits to your account may be reversed.

This dispute packet contains all of the forms and information necessary to file and process your claim. Please make sure the following pages are enclosed:

- Member Dispute Checklist (1 page)
- Cardholder Dispute Form (2 pages)

If one or more forms are missing, please contact Great Lakes Credit Union at: **(800) 982-7850** before completing and mailing your packet.

GLCU Member Dispute Checklist

Please complete all of the following steps to ensure that your claim is processed as quickly as possible. When writing your explanations please be as detailed as possible and do not hesitate to attach additional pages if needed.

GLCU recommends the cardholder:

- Contact merchant & provide a detailed letter (Date, Name of rep, & Outcome of conversation)
- Complete and sign the Cardholder Dispute Form.
- Make a copy of your ID. (Drivers License, State ID or Military ID)
- Gather and make copies of any supporting documents.

Please return your completed forms to:

Great Lakes Credit Union
Attn: Card Services Department
P.O. Box 1289
Bannockburn, IL 60015

You may fax or e-mail your forms to GLCU; however you must then mail the originals to the above address.

CardServices@glcu.org

GLCU Card Services Fax#: (847)-887-8771

If you have any questions or need help completing your forms, please contact GLCU at: **1-800-982-7850**.

Great Lakes Credit Union will begin investigating any disputed transactions immediately. However, if GLCU does not receive these forms **within 60 business days** from the statement of the disputed transaction, then GLCU will be unable to proceed with your claim and will consider the disputed transaction(s) to be valid.

Cardholder Dispute Form

Name: _____

Card Number: _____

Transaction date: _____ Merchant name: _____

Transaction amount: \$ _____ Dispute amount: \$ _____

Cardholder signature

Date

Please check the appropriate box below that matches your dispute type the closest. *(Choose only 1 option)*
Return this form and any supporting documents so that your dispute can be processed in a timely manner.

The required fields for each dispute type are marked with an asterisk (*). **Attach a separate sheet or letter if more room is needed for your explanation. If any of the options below do not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.**

Cancellation dispute:

- Were you advised of any cancellation policy? Yes No (if yes, explain below)

• *Date of cancellation: _____ *Spoke with: _____

*Cancellation number: _____ *Reason: _____

I canceled this recurring transaction with the merchant on (date): _____

- Describe your attempt to resolve with the merchant: _____

Returned item dispute:

- Date returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Authorization Number (RMA): _____

*Shipping Company: _____ Tracking number: _____

*Reason for return: _____

- If you have a credit slip, voucher or a refund acknowledgement that has not posted please provide:

*Date of credit: _____ *Invoice/receipt number of the credit: _____

*Describe your attempt to resolve with the merchant: _____

I was charged two or more times for the same transaction:

Date of first charge: _____ Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

*Describe your attempt to resolve with the merchant: _____

I did not receive cash from an ATM withdrawal attempt

- Transaction reference number: _____

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one of those attempts

Other: _____

Cardholder Dispute Form

I paid for these goods or services by other means:

- Check Cash Other Bank Card Other: _____
* Describe your attempt to resolve with the merchant: _____

- If selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include; another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.**

Non-receipt of goods or services:

- Tickets / merchandise not received. I expected delivery/services on (date): _____
- Merchant was unwilling or unable to provide service (explain below in Additional Information area)
- *Describe your attempt to resolve with the merchant, spoke with: _____
On (date): _____ *Merchant's Response: _____
- I have not attempted to resolve with the merchant: (please explain) _____

A credit transaction posted as a debit in error

- *A credit for \$_____ was posted to my account as a debit.
- You must supply a copy of the credit receipt received from the merchant.
- Describe your attempt to resolve with the merchant: _____

Incorrect transaction amount

- *The amount of this transaction posted for \$_____ but should have posted for \$_____
- You **must** supply a copy of your receipt showing the correct amount.
- Describe your attempt to resolve with the merchant: _____

Quality of services or goods dispute

- *Describe the difference between what was ordered and what was received. What was defective or why was the purchase unsuitable for your needs?** _____
- *Date returned: _____ Date received by merchant: _____
If mailed, Return Merchandise Auth. #: _____
- *Shipping Company: _____ Tracking number: _____
- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:
* Date of credit: _____ Invoice/ receipt number of the credit: _____
- *Describe your attempt to resolve with the merchant: _____

Additional information or comments:
