

Dispute Log

This form must accompany all disputes submitted to Cardholder Recovery Services for resolution. Upon receipt by Cardholder Recovery Services, the bottom section will be completed and the form faxed back to the credit union as verification of receipt.

Fax to: 877.324.2478

Credit Union Name: _____

Cardholder Name: _____

Daytime Phone Number for Cardholder: _____ (Very Important)

Cardholder Mailing Address: _____

Cardholder Email Address: _____

Debit Card #: _____

Disputed Amount: _____ (If more than one transaction, list total.)

Transaction Date: _____ (If more than one, list start and end date.)

FOR CARDHOLDER RECOVERY SERVICES USE:

Date Received: _____

Action Taken: _____

Please process provisional credit to cardholder's checking account for: _____

Comments: _____

