



**CORPORATE AMERICA**  
FAMILY CREDIT UNION

# Cardholder Disputed Item Statement Visa Credit and Visa Debit Signature

1-800-359-1939 • www.cafcu.org

Complete this form and fax or mail to:

Corporate America Family Credit Union  
Attn: Operations Department  
2075 Big Timber Road  
Elgin, IL 60123  
Fax: (847) 888-6652

**Please fill out (type) the following information, print, sign and then mail or fax to the address above.**

Visa Credit and Visa Debit Signature

Please Select Type of Loss: Merchant Error:      Lost:      Stolen:      Card was in my possession:

Disputed Item(s):

Merchant Name	Amount	Transaction Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Attach separate page if more charges

The following explains my dispute:

I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me.

I was billed \$ \_\_\_\_\_, but the correct amount should have been \$ \_\_\_\_\_.

I have not received the merchandise. I have attempted to resolve the matter with the merchant on this date \_\_\_\_\_.

I have returned merchandise/cancelled services on \_\_\_\_\_ (date) per the merchant's instructions and have not received credit. (Attach proof of return)

I contacted the merchant on \_\_\_\_\_ and cancelled the monthly recurring transaction.

I contacted the merchant on \_\_\_\_\_ and cancelled my reservation.

My cancellation number is \_\_\_\_\_

I was not given a cancellation number.

Merchandise/services received were either not as described or defective. (Explain Below)

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card Number \_\_\_\_\_ Member Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_