

DEBIT/ATM CARDHOLDER DISPUTE FORM

Complete this form if you are disputing a Debit Card/ATM transaction appearing on your statement.
You must submit this form to us within 60 days of when the transaction(s) first appeared on your statement.

BEFORE DISPUTING A CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT.
Select the appropriate type of dispute from the listing on the following page.

EACH PAGE OF FORM MUST BE CAREFULLY COMPLETED AND SIGNED.

Cardholder Information: (Please Print)

Name:			
Card Number:	<i>(Last four digits)</i>	Account Number:	
Phone Number:		Email Address:	

Disputed Transaction(s):

Merchant Name	Transaction Posting Date	Transaction Amount	Disputed Amount

In your own words, briefly describe, what occurred that resulted in filing a dispute.
(A separate sheet of paper may be used):

Cardholder Signature: _____ **Date:** _____

For Credit Union Use Only:

Branch: _____ Employee Name: _____ Date: _____

Payments/Risk
Employee Name: _____ Date Received: _____

Please fax this form along with supporting documentation to (866) 281-7244
OR email to PaymentsRisk@AACreditUnion.org
For questions regarding this form, please call (800) 533-0035, Ext. 4350.

Please thoroughly read this entire form, then choose the ONE category that best describes the reason for your dispute and complete the related information:

Type of Dispute:

I was billed multiple times for a single transaction.

Description of merchandise/service purchased: _____
Valid Transaction \$ _____ Posting Date ____/____/_____
Invalid Transaction(s) \$ _____ Posting Date(s) ____/____/_____
What date did you contact the merchant to attempt to resolve? ____/____/_____
What was the outcome of your attempted resolution? _____

Cancellation. (Please provide proof of cancellation.)

Description of merchandise/service purchased: _____
Reason for cancellation? _____
When did you contact the merchant? ____/____/_____
Date of cancellation ____/____/_____
Cancellation Number (if applicable) _____
Were you advised of a cancellation policy? YES or NO If YES, what were you told?

What date did you contact the merchant to attempt to resolve? ____/____/_____
What was the outcome of your attempted resolution? _____

Merchandise not received.

Description of merchandise/service purchased: _____
What was the expected delivery date? ____/____/_____
Did you cancel the merchandise/service due to it not being received? YES or NO
If YES, when? ____/____/_____
How? _____
What was the outcome of the merchant contact? _____
What date did you contact the merchant to attempt to resolve? ____/____/_____
What was the outcome of your attempted resolution? _____

Merchandise was returned. (Please attach signed proof of return or credit slip.)

Description of merchandise/service purchased: _____
Reason for returning? _____
What date did you contact the merchant to attempt to resolve? ____/____/_____
What was the outcome of your attempted resolution? _____

Merchandise not as described and/or defective.

Description of merchandise/service purchased: _____
Describe what was advertised/promised vs. what you received? _____
What date did you contact the merchant to attempt to resolve? ____/____/_____
What was the outcome of your attempted resolution? _____

Free Trial. (Please enclose a copy of the free trial agreement and a copy of the cancellation notice.)

Description of merchandise/service purchased: _____
Date Free Trial started ____/____/_____
Date of Cancellation ____/____/_____
What date did you contact the merchant to attempt to resolve? ____/____/_____
What was the outcome of your attempted resolution? _____

ATM cash not received. (Please attached a copy of the ATM withdrawal receipt.)

Date of cash withdrawal: ____/____/_____
Amount requested \$ _____ Amount received \$ _____

Other. **Please enclose a detailed description. (A separate sheet of paper may be used.)

What date did you contact the merchant to attempt to resolve? ____/____/_____
What was the outcome of your attempted resolution?

I UNDERSTAND THAT I MAY BE CONTACTED BY AMERICAN AIRLINES FEDERAL CREDIT UNION FOR ADDITIONAL INFORMATION REGARDING THIS DISPUTE. FAILURE TO RESPOND MAY RESULT IN MY DISPUTE BEING DENIED. I FURTHER UNDERSTAND THAT PROVISIONAL CREDIT WILL NOT BE GRANTED UNTIL THE COMPLETED AND SIGNED FORM IS RECEIVED AND MAY TAKE UP TO 10 BUSINESS DAYS TO BE CREDITED TO MY ACCOUNT.

Cardholder Signature: _____ Date: _____