



Plastic Card Dispute – “Other Reason”

Member Name: _____ Member #: _____

Card Number: _____

(The individual listed on this plastic card must be the one to complete this form)

Please contact the merchant regarding the dispute prior to completing this form.

On ____ / ____ / ____ (Date), I ordered _____ (describe the merchandise or write in “see attached Purchase Order”) from _____
_____(Name of Merchant/Company) for \$ _____(amount of purchase).

Although I participated with the above merchant, I need to charge back this item due to:
(Please explain in full the nature of your request to charge back this item. If there is not enough room below, please provide additional information on a separate page).

On ____ / ____ / ____ (Date), I spoke with _____ (Name of individual who works at Merchant/Company) and they said the following:

NOTE: # V Forms/Letters must have all supporting documentation to support your case to show the merchant has not followed terms/conditions related to the charge. HFCU will review the charge back rights # V k k Please be certain that you are completing the correct form. An inaccurate form will delay or possibly cause HFCU to dispute for the wrong reason and lose the case, ultimately causing a loss to you.

I need to request a charge back on the above charge(s) as the merchant is not willing or able to assist me.

➤➤ Please provide a daytime telephone number you can be reached at: _____ <<

Please credit my account for the above charge(s).

➤➤ Signature: _____ Date: _____ <<

Please bring this completed form to a local branch or you may fax this form to Card Services at 978-952-8533