

Kimberly Clark Credit Union

1520 N. Second St.
Memphis, TN 38107
(901)521-4646 (800)462-7777
Fax: (901)521-4644
www.kimberlyclarkcu.org

Cardholder Disputed Item Statement

Name _____ Home Phone () _____
Address _____ Work Phone () _____
City _____ State _____ Zip _____ Cell Phone () _____
E-mail Address _____ Card Number _____

Type of Loss: ___ lost ___ stolen ___ card was in my possession at the time the transaction(s) occurred.

I have filed a police report: ___ No ___ Yes Report # _____

I have examined the charges on my account and question the following transaction(s) (attach additional sheets if necessary):

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

The following explains my dispute:

___ I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.

___ I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized.

___ I certify that I participated in the above transaction, but have not received the merchandise___ or Service___. (Describe in detail the merchandise or services you expected to receive as well as the expected date of delivery, also describe your attempts to resolve the matter with the merchant on the additional space provided).

___ I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on _____ (date) per the merchant's instructions and have not received credit. (Merchant cancellation policies may apply; please provide full details on the additional space provided).

___ I contacted the merchant on _____ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided).

___ I contacted the merchant on _____ and canceled my reservation. (Please provide full details on the additional space provided).

___ My cancellation number is _____. _____ I was not given a cancellation number.

___ The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant's response).

___ The merchandise/services were not as described. (If purchase was made over the phone, please indicate what was not as described. Otherwise, please provide written documentation as to what was not as described. i.e.: color, quantity, etc.)

Kimberly Clark Credit Union

1520 N. Second St.
Memphis, TN 38107
(901)521-4646 (800)462-7777
Fax: (901)521-4644
www.kimberlyclarkcu.org

_____ I would like a copy of the sales draft. (Reason for request) _____

_____ 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. **(Your card will be blocked)**

_____ Other. Describe below. Descriptions of transactions should be typed or written clearly. Attach additional sheets if necessary.

In dispute cases except those related to lost/stolen/counterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:

Attempt to Resolve Information:

- I have made an attempt to resolve with the merchant. (circle one) YES NO
- Date of contact (should be after transaction posted to your account): _____
- Contact method: Telephone E-mail In-person Other (describe) _____
- Merchant's response: _____
- If no attempt, why not? _____

Additional Comments:

Cardholder Signature _____ Date _____