



PO Box 9002, West Jordan, UT 84084 (801) 260-7600

Cardholder Disputed Item Statement

Member Name: Account #:
 Address: Cell/Daytime #:
 City, State, Zip: Card Number:
 Email Address: Type of Loss: Lost Stolen Card was in my possession at the time the transaction(s) occurred

I have examined the charges on my credit card and question the following transaction(s) (Attach additional sheets if necessary):

Merchant Name: Amount: Transaction Date:

The following explains my dispute. I certify the following:

Only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed an additional charge to my account for the same amount, which I neither participated in nor authorized.

I participated in the above transaction, but have not received the merchandise. Describe your attempts to resolve the matter with the merchant as well as the expected date of delivery in the comment section below.

I participated in the above transaction(s), but have returned the merchandise/cancelled service(s) per the merchants instructions and have not received credit. Enclose a copy of the following: tracking number, receipt, and/or RMA #.

I contacted (or attempted to contact) the merchant and cancelled the monthly recurring transaction or my reservation. Please provide details in comment section below if necessary.

Date: Cancellation #: I was not given a cancellation #.

The shipped merchandise I received is defective. Describe in the space below the defect or damage and attempts to return the merchandise and the merchants response.

The merchandise/services were not as described. Please provide written documentation. Describe below in the comment section the difference between what was expected and what was provided (ie. color, quantity/quality, etc.).

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 for this/these transaction(s) received by myself or by a person authorized by me.

This reason should not be used for the following:

- Introductory or trial offers (cardholder must contact merchant, return product per merchant's return policy)
- Recurring transactions (previously authorized charges from the same merchant)
- Cardholder has or has had an account with the merchant (ie. Google, iTunes, Amazon, Comcast, etc.)

Other. Describe in the comment section below. Include any documents pertaining to the dispute. (ie. invoice, receipts, emails, text messages.)

When did you discover your card missing? Date: Time: AM PM

Was your Personal Identification Number (PIN) written anywhere? Yes No

Was your PIN with the card? Yes No

Have you ever allowed anyone to use your card? Yes No If yes, who and when?

Where was the last ATM you used with your card? Date:

Did you notify the police of the unauthorized use? Yes No

Police Department:

Report / Case #:

Descriptions of the transactions should be typed or written clearly.

ELECTRONIC FUNDS TRANSFER AFFIDAVIT

By signing below, I certify that the information provided above is accurate to the best of my knowledge. I understand that video tapes and other evidence of the fraudulent/unauthorized transactions may be turned over to the police for identification of the perpetrator. Willful violations of the Federal Electronic Funds Transfer Act Regulation E carry criminal penalties and conviction for fraudulent use of EFT services. Though all items submitted will be investigated, Cyprus cannot guarantee the return of funds.

Cardholder Signature

Date

For any questions or concerns about the information in this form, please contact Cyprus' Card Services department at 1-801-260-7600 x 5630 or email to cardservicesdept@cypruscu.com

Branch:

Operator Number: