



1-800-359-1939 • www.alerofinancial.org

Cardholder Disputed Item Statement
 Visa Credit and Visa Debit

Complete this form and fax or mail to:

Alero Financial 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.

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

Disputed Item(s):

Merchant Name	Amount	Transaction Date	Sequence #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*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)
 - Cash Not Received: Requested Amt: \$ _____ Amt. Received: \$ _____
 - Duplicate Transaction
- Other: _____

Cardholder Signature _____ Member Number _____

Card Number _____ Date _____