

**NSWC FEDERAL CREDIT UNION  
DISPUTE INQUIRY FORM**

Cardholder Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Merchant description: \_\_\_\_\_

(Name, City, State)

Transaction date: \_\_\_\_\_ Item(s) Amount: \$ \_\_\_\_\_

Please describe efforts to resolve dispute below and attach all related documentation, such as sales receipts and emails.

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Please check the appropriate box.

- I certify that the charge(s) listed above was (were) not made by either myself or person authorized by me to use the check card. (Please describe how the charges were made, telephone/mail order, internet, with or without the card. Please use the space provided above.)
- The credit did not post to my account. (Please enclose a copy of your credit slip bearing the merchant name, date and dollar amount.)
- I was billed twice for single purchase. (Describe the transaction in the space provided above.)
- I did not receive the merchandise or services. (Describe your attempts to resolve this matter with the merchant, as well as the expected date of delivery in the space provided at the top of the page.)
- I was overcharged for the purchase. (Please enclose a copy of the signed sales receipt if possible.)
- I would like a copy of the sales receipt.

**I have contacted the merchant above to have this dispute resolved however there has been no resolution as of today's date. Please begin the dispute process with the merchant on my behalf.**

**I understand that I am liable for the first \$50.00 for any PIN based transactions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature is required)

**Please mail a signed copy of this form, along with attachments to:**

**NSWC Federal Credit Union  
P.O. Box 519  
Dahlgren, VA 22448  
ATTN: CARD SERVICES**