



Plastic Card Dispute – Duplicate Charges

Member Name: _____ Member #: _____ Card Number: _____ <small style="text-align: center;">(The individual listed on this plastic card must be the one to complete this form)</small>

Please contact the merchant regarding the duplicate charges/postings prior to completing this form.

On ____ / ____ / ____ (Date), a charge was posted to my account for \$ _____ (amount of purchase) by _____ (Name of Merchant/Company). I agree that I did purchase merchandise from this Merchant/Company in the amount listed above. Although I've participated with the above purchase, my account was charged again on ____ / ____ / ____ (Date) for \$ _____.
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On ____ / ____ / ____ (Date), I spoke with _____ (Name of individual who works at Merchant/Company) and they said the following:
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If you had additional duplicate charges on your account, please provide all additional information below. Do not include the duplicate amount listed above.

CHARGES	DATE POSTED	AMOUNT
(a) Correct Charge		
(a) Duplicate Charge		
(b) Correct Charge		
(b) Duplicate Charge		
(c) Correct Charge		
(c) Duplicate Charge		

(Note: Please be certain that you are completing the correct form. An inaccurate form will delay or possibly cause Hanscom Federal Credit Union to dispute for the wrong reason and lose the case, ultimately causing a loss to you.)

<p>I need to request a charge back on the above charge(s) as the merchant is not willing or able to assist me.</p> <p>➤➤ Please provide a daytime telephone number you can be reached at: _____ <<</p> <p>Please credit my account for the above charge(s).</p> <p>➤➤ Signature: _____ Date: _____ <<</p>

Please bring this completed form to a local branch or you may fax this form to Card Services at 978-952-8533 01/2018