

Logix Cardholder Dispute Statement

We are here for you every step of the way.
Please fill out this form as thoroughly as possible to help expedite the processing of your claim.

Tell us about you

Account Name:

Account Number:

Last 4 Digits of Card Number:

Phone Number:

Best time to contact you:

Email address:

Tell us about your card

The activity occurred on my:

- MasterCard Debit Card
- MasterCard Credit Card
- ATM Card

My card is:

- Lost*
- Stolen*
- In my possession
- I never received my card*

** If your card was lost, stolen, or never received, it will be cancelled and a new card will be issued*

Tell us about the transaction(s)

When did you discover that there was an issue with the activity on your account?

Date of discovery: _____

Please list all relevant transaction below. Additional transactions may be listed on a separate page.

Transaction Date	Merchant Name	Merchant Location	Amount
Total Amount (Page 1)			

Option 1 I have done business with this merchant, but there is something wrong.

(If checked, please complete both Section 1 and 2)

Option 2 I do not recognize this merchant(s) or the activity. (If checked, please proceed to Section 2)

Section 1: Tell us about the activity

Please choose the option from either section A or B that **best** describes your situation.

A. PRODUCT OR SERVICE ISSUE



Merchandise/Services Not Provided:

I have not received the merchandise/service.

Expected Delivery Date: _____



Returned Merchandise:

I have since returned/attempted to return the merchandise and have not yet received credit.

Date of return/attempt to return: _____



Merchandise is Defective or Damaged:

The merchandise received was defective/damaged. I have not yet received credit.

Date of return/attempt to return: _____

Please describe the merchandise/services purchased:

(Continued on page 2)

B. BILLING ISSUE

<input type="checkbox"/>	Cancelled Transaction: I cancelled the subscription/membership/policy/reservation. Date of cancellation: _____
<input type="checkbox"/>	Free Trial Cancellation: <input type="checkbox"/> I was not aware that I would be billed again without additional consent. <input type="checkbox"/> I cancelled during the free trial period. Date of cancellation: _____
<input type="checkbox"/>	Incorrect Amount: I was billed an incorrect amount. I should have been charged \$ _____ but I was charged: \$ _____
<input type="checkbox"/>	Multiple Charges: I was charged more than once for the same transaction(s) There should only be one charge for this merchant in the amount of \$ _____
<input type="checkbox"/>	The transaction was paid by other means: Date payment was completed: _____ How did you pay? _____ (please provide proof of alternative payment)
<input type="checkbox"/>	Credit Not Received I never received the credit/refund to my account

Section 2: Tell us what happened

Is anyone else authorized to use your card or PIN that may have made this purchase?
 Yes, but they also do not recognize the merchant or the activity. No

Take a look at the amount, the location, and the date. Did you expect a transaction of similar amount on or around the same date?
(Sometimes a merchant's legal name isn't the same as the business name that you recognize)
 Yes No

Have you attempted to contact the merchant to resolve this issue?
 No
 Yes
 ◇ How did you contact the merchant? (phone, text, email, in person) _____
 ◇ When did you contact the merchant? _____
 ◇ Who did you speak to? _____
 ◇ What was the merchant's response? _____

Are there any more details you would like us to know?

I certify that the facts were obtained from my discussion with the cardholder and are accurate to the best of my knowledge.
Customer Service/Chargeback Representative: _____ **Date:** _____

Please complete the form and enclose all supporting documentation that may help expedite your claim. This may include receipts, proof of purchase, proof of return, letter(s) and email(s) sent to the merchant, copy of the contract, invoice, or bill-of-sale.

You may return the form by fax to (818) 565-2094, email to Request@LFCU.com or mail to Logix Card Services, P.O. Box 4070, Castaic, CA 91310-4070.

