## EXPLANATION OF FINANCE CHARGES

The Finance Charge Shown on This Statement is Computed in The Following Manner:
The "average daily balance" is arrived at by taking the beginning balance of your account each day, adding any new purchases or advances, if applicable, and subtracting any payments or credits and unpaid finance charges. The daily balances for the billing cycle are then added together and divided by the number of days in the billing cycle. The result is the "average daily balance." Each finance charge is determined by multiplying the "average daily balance" by the number of days in the billing cycle and applying the periodic rate(s) to the product.

## BILLING RIGHTS SUMMARY

In Case of Errors or Questions About Your Bill
If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information: your name and account number; the dollar amount of the suspected error; And describe the error and explain why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in dispute while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your inquiry, we cannot report the amount you question as delinquent or take any action to collect that amount.

Special Rule for Credit Card Purchases
If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the Merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $\$ 50$ and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the Merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

## CARDHOLDER STATEMENT OF DISPUTED ITEMS (Please contact Card Services prior to completing this form.)

Do not mail with your payment - send in a separate envelope to Southwest Airlines Federal Credit Union, 2430 Shorecrest, Dallas, TX 75235.
§ Please Note: To help us resolve your dispute in a timely manner, please provide copies of any information relating to your dispute, i.e. statements, copies of charges, detailed letters, credit slips, contracts, or return receipts. (Please print in BLUE or BLACK ink.)

Member Name
Account \#
Address $\qquad$
City, State, ZIP

| Daytime Phone \# _ | Evening Phone \# |
| :--- | :--- |
| Cell Phone \# | Debit Card/Credit Card \# ___ |

Date of Transaction
Transaction Amount \$
Merchant Name
$\qquad$
$\qquad$

Merchant Address $\qquad$
City, State, ZIP
Member Statement: $\qquad$

Did you allow anyone to use your ATM/Debit or Credit Card: $\square$ Yes $\square$ No
IF YES: Explanation of circumstances:

[^0]
## LOST OR STOLEN CARDS

If your credit union VISA or MasterCard is lost or stolen, you should notify the credit union IMMEDIATELY. In the case of a stolen card, notify the police department as well. Credit Union O VISA, or O MasterCard Acct. \# Exp. Date On weekends, holidays or after credit union hours, call: (800) 543-5073


[^0]:    Do you have possession of the ATM/Debit or Credit Card involved in this dispute? $\square$ Yes $\square$ No
    IF YES:
    Be informed this ATM/Debit or Credit Card will be closed if fraud is determined to have occurred. You will need to contact the credit union to have a new card issued.

    ## IF NO:

    Was the ATM/Debit or Credit Card reported as: $\square$ Never Received $\square \square$ Lost $\square$ Stolen
    Date card was reported: $\qquad$

    | Cardholder Signature | Date___ |  |
    | :--- | :--- | :--- |
    | Cardholder Signature* | Date_ |  |

    *If there is a co-applicant on the account, his/her signature must appear here or the dispute cannot be processed.

