



User #: \_\_\_\_\_

## Fee Refund Request

**Instructions:**

This form is to provide members with a means to explain why they believe that the Credit Union has unfairly charged a fee to a member's account. Please fill in the form completely and return it to your local branch, or mail it to:

AVP of Support Services  
Heritage Family Credit Union  
30 Allen Street  
Rutland, VT 05701

This form is not to be used to report errors or fraud. If you believe there is an error on your account or that you have unauthorized transactions, please call the Credit Union (888.252.8932) at your earliest convenience so we may address these as soon as possible.

We will review your request and if a refund is appropriate given the circumstances, we will credit your account and send you a receipt by mail.

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Fee Transactions: \_\_\_\_\_

Total of Fees Charged: \_\_\_\_\_

Why do you believe the Credit Union should refund the fee(s)?

- Credit Union Error       Extenuating Circumstances

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member Signature: \_\_\_\_\_

By signing this form, I attest that the above comments are true and accurate.

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**For Office Use Only**    Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Counter Offer: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Processed By:** \_\_\_\_\_