



Attn: Debit Card Services  
 P.O. Box 1200  
 Fairfax, VA 22038  
 Fax: 614-564-4588

## Visa® Check Card Dispute

### CARDHOLDER INFORMATION

Account #	Cardholder Name	Home Phone	Work Phone	Cell Phone
Mailing Address	Street	City	State	Zip
Card Number _____	Name of Merchant: _____			
	Merchant Phone/Website: _____			
Transaction Date _____	Transaction Amount \$ _____			

**BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT**

#### SELECT TYPE OF DISPUTE (CHECK ONLY ONE)

My payment did not post- Please enclose a copy of your payment confirmation and account history reflecting payment was not credited.

- When did you contact the merchant? \_\_\_\_\_
- What was the outcome? \_\_\_\_\_

I was charged twice for a single purchase- I certify one transaction is valid, but posted more than once.

- Valid transaction \$ \_\_\_\_\_ Post Date \_\_\_\_\_
- Invalid transaction \$ \_\_\_\_\_ Post Date \_\_\_\_\_
- Merchant was contacted on \_\_\_\_\_ Merchant's response \_\_\_\_\_

Cancelled Membership- Please include a copy of the letter, email, or fax informing the merchant of cancellation.

- When did you sign up for the membership? \_\_\_\_\_
- Was this a trial offer?     Yes     No
- If yes, what were the Terms & Agreement: \_\_\_\_\_
- Were you advised of a cancellation policy?     Yes     No
- If yes, what were you told? \_\_\_\_\_
- Reason for cancellation? \_\_\_\_\_
- Date of cancellation \_\_\_\_\_ Cancellation number \_\_\_\_\_
- Merchant was contacted on \_\_\_\_\_ Merchant's response \_\_\_\_\_

Merchandise was returned but did not receive a refund- Please attach proof of return or credit slip.

- What was ordered? \_\_\_\_\_
- What was received? \_\_\_\_\_
- Reason for returning? \_\_\_\_\_
- Merchant's response \_\_\_\_\_

I did not receive the merchandise/service- Please contact the merchant prior to disputing the charge and notify us of the outcome.

- When did you contact the merchant? \_\_\_\_\_
- What was the outcome? \_\_\_\_\_

\_\_\_\_\_

- What was the expected delivery date? \_\_\_\_\_
- What was the merchandise/service that was ordered? \_\_\_\_\_

\_\_\_\_\_

I was overcharged for the purchase- Please attempt to contact the merchant prior to disputing the charge. Include a copy of the signed sales receipt.

- Valid amount \$ \_\_\_\_\_
- Merchant was contacted on \_\_\_\_\_ Merchant's response \_\_\_\_\_

My credit posted as a sale- Please attach a copy of the credit slip and the original sales slip.

- Merchant was contacted on \_\_\_\_\_ Merchant's response \_\_\_\_\_

The credit did not post to my account- Please include a copy of the credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

- Merchant was contacted on \_\_\_\_\_ Credit amount \$ \_\_\_\_\_
- Merchant's response \_\_\_\_\_

I paid by other means- You must provide proof that you paid by other means such as a copy of the cancelled check, a cash receipt, or a billing statement from another credit card.

- When did you contact the merchant? \_\_\_\_\_
- What was the outcome? \_\_\_\_\_

\_\_\_\_\_

I was charged for a hotel room, which I cancelled- Cancellation number is required. Please provide a copy of your reservation.

- Reservation dates \_\_\_\_\_
- Were you advised of a cancellation policy?  Yes  No
- If yes, what is the policy? \_\_\_\_\_
- Reason for cancellation \_\_\_\_\_
- Cancellation number (Required) \_\_\_\_\_ Date of cancellation \_\_\_\_\_

Service Dispute- Please describe the nature of your dispute and your attempts at resolution on a separate sheet of paper and attach to this form. Include copies of a second opinion from a certified merchant on their invoice, letterhead, repair bills, contracts or other supporting documentation.

Other- Please include a **DETAILED** description on a separate sheet and attach it to this form along with any supporting documentation.

**Please provide details (if necessary) on a separate sheet. Any documentation (letters, email correspondence, copy of a credit slip or receipt) that pertains to this inquiry should be attached to this claim. Any delay in receiving this information may hinder our ability to assist you.**

**SIGNATURES**

I swear that this Visa Check Card Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

**Cardholder's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR AFCU USE ONLY:**  
Teller Number:

Branch: