



VISA CARDHOLDER DISPUTE FORM
Signature based transactions only (VISA Debit Teller 8220)

Credit/Debit Account # _____ Cardholder Name _____
(16 Digit Card Number)

Cardholder Phone # _____ Disputed Amount \$ _____ Post Date _____

Merchant Name _____ Disputing more than one item? Yes _____ No _____

If Yes, then this is number _____ of _____ (e.g. 1 of 3) ONLY ONE TRANSACTION PER FORM

Email Address _____

SIGNATURE REQUIRED _____

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

Select Type of Dispute (Check ONLY one)

- Did not recognize - Please attempt to contact the merchant prior to disputing the charge.
When did the Cardholder contact the Merchant? (mm/dd/yy)
What was the outcome of the merchant contact?
I was billed twice for a single purchase - Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession.
Valid Transaction \$ Post date (mm/dd/yy)
Invalid Transaction \$ Post date (mm/dd/yy)
Membership Cancellation - Please enclose copy of letter, email, or fax informing the merchant of cancellation.
When did the cardholder contact the merchant?
Reason for cancellation?
Date of cancellation (mm/dd/yy) Cancellation #
Were you advised of a cancellation policy? If Yes, what were you told?
Merchandise was returned - You must attempt to return the merchandise prior to exercising this right. Please attach signed proof of return or credit slip.
What was ordered?
What was received?
Reason for returning
Was merchandise suitable for the purpose intended?
Merchant's response

Credit/Debit Account # _____

Cardholder Name _____

- I did not receive the merchandise** - Please contact the merchant and notify us of the outcome.
 - When did the Cardholder contact the merchant? (mm/dd/yy) _____
 - What was the outcome of the merchant contact? _____
 - What was the expected delivery date? (mm/dd/yy) _____
 - Did the Cardholder cancel with the merchant Yes ____ No ____ If yes, when? (mm/dd/yy) _____
 - How? _____
 - What merchandise was ordered? _____

- I was overcharged for the purchase** - Please include a copy of the signed sales receipt.
- My credit posted as a sale** - Please attach a copy of the credit slip and the original sales slip.
- The credit did not post to my account** - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.
- I paid by other means** - You **must** provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.
 - When did the Cardholder contact the merchant? (mm/dd/yy) _____
 - What was the outcome of the merchant contact? _____

- I was charged for a hotel room, which I cancelled** - Cancellation number is **required**.
 - Were you advised of a cancellation policy? No _____ Yes _____
 - If Yes, what was the policy? _____
 - Cancellation number _____ **(REQUIRED)** Cancel date (mm/dd/yy) _____
 - Copy of phone bill showing you contacted the merchant to cancel.

- 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 second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.
- I did not authorize this charge** - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen. If you have not, please call **1-800-449-7728** before sending in this form.
 - If this was for a hotel room, did you request a reservation? No _____ Yes _____
If Yes, this is **not** an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.
- Other** - Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

Name of MECU Representative Accepting Completed Affidavit

Teller #

Branch

Date Filed

Distribution: Fax to Operations; ATM/VISA Debit Area #443-927-3669

Retain Original in Branch for 30 days