

# Debit Card Dispute Form



*Before disputing a charge, Visa requires you to make every effort to resolve the dispute with the merchant. Retain all information from your efforts to resolve the transaction, including dates and times. This information must be submitted upon filing a dispute. Visa requires this information to be forwarded to them.*

<b>Member's / Cardholder's Name:</b>		
<b>Account Number:</b>	<b>Card Number:</b>	<b>Member's / Cardholder's Phone Number:</b>
<b>Member's / Cardholder's Address:</b>		

**Disputed Transaction**

Date posted	Merchant Name	Transaction Amount
		\$

Type of Dispute – Please select one.

**Do not recognize**

When did you contact the merchant? (mm/dd/yy)

\_\_\_\_\_

What was the outcome of the merchant contact?

\_\_\_\_\_

**Merchandise Returned**

Attach signed proof of return of credit slip.

What was ordered:

\_\_\_\_\_

What was received:

\_\_\_\_\_

Reason for return:

\_\_\_\_\_

Merchant's response:

\_\_\_\_\_

**Duplicate**

I was billed twice for a single charge. Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession.

Valid Transaction \$ \_\_\_\_\_

Post Date: \_\_\_\_\_

Invalid Transaction \$ \_\_\_\_\_

Post Date: \_\_\_\_\_

**Cancellation**

Please enclose any copy of a letter, email, or fax informing the merchant of cancellation.

When did you contact the merchant? \_\_\_\_\_

Date of Cancellation: \_\_\_\_\_

Cancellation Number: \_\_\_\_\_

Were you advised of a cancellation policy? Yes  No

If yes, what were you told?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did Not Receive Merchandise**

When did you contact the merchant?  
\_\_\_\_\_

What was the outcome of the merchant contact?  
\_\_\_\_\_

Merchandise expected delivery date: \_\_\_\_\_

Pickup Date: \_\_\_\_\_

Did you cancel with the merchant? Yes  No

If yes, when: \_\_\_\_\_

How?  
\_\_\_\_\_  
\_\_\_\_\_

Merchandise Ordered:  
\_\_\_\_\_  
\_\_\_\_\_

**Credit Not Received**

Enclose a copy of the dated credit slip or notice of credit from the merchant, along with a detailed explanation of your dispute.

**Paid by Other Means**

You MUST provide proof of paid by other means, such as a copy of the cancelled check (front and back), cash receipt, or a billing statement from another credit card.

When did you contact the merchant? \_\_\_\_\_

**Charge Not Authorized**

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, your card MUST be reported as lost or stolen. In addition a debit card affidavit must be filled out and included with this form.

**Incorrect Amount**

Enclose a copy of the signed sales receipt.

What is the correct amount: \$ \_\_\_\_\_

When did you contact the merchant?  
\_\_\_\_\_

What was the outcome of the merchant contact?  
\_\_\_\_\_

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

I declare under penalty and perjury that the foregoing is true and correct.

X \_\_\_\_\_

Member/Cardholder Signature

Date \_\_\_\_\_