

VISA® DEBIT CARD DISPUTE FORM



Please contact the merchant and attempt to resolve the dispute directly prior to filing a dispute claim.

Card #:

(Please use the card number on which the disputed charges appear)

Name: _____ Member #: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Transaction Date: _____ Transaction Amount: \$ _____ Dispute Amount: _____

Merchant Name: _____

If you have multiple items that you are disputing, please check only one statement below that pertains to the first dispute claim being filed and provide the information requested. Then list additional disputes in the *Additional Information* section and provide the requested information.

☐ **Unrecognized Transaction** (I am not sure if I made this transaction)

Please describe your attempt to resolve this dispute with the merchant in the *Additional Information* section.

☐ **Incorrect Amount** (I was billed the wrong amount)

What was the amount you should have been billed? \$ _____ (Please provide a receipt)

- Please describe your attempt to resolve this dispute with the merchant in the *Additional Information* section.

☐ **Duplicate Charge** (I have been billed more than once for the same transaction)

- Please provide a copy of the statement and identify which charge is valid and which is a duplicate.

☐ **Paid By Other Means** (I paid for this transaction via another payment method or credit card)

Paid By: (Circle One) Check Cash Another Credit Card Other: _____

- Please describe your attempt to resolve this dispute with the merchant in the *Additional Information* section.
- Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used.

☐ **Cancelled Transaction** (I was charged for something I previously cancelled)

Date of cancellation: _____ Were you advised of the merchant's cancellation policy? _____

If so, how were you advised? _____

What was your method of cancellation? (Circle one) Phone Mail Email In Person

Cancellation number and/or name of person you spoke with: _____

- Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation in the *Additional Information* section.
- If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide a copy of the email correspondence.

☐ **Merchandise/Service Not As Described** (The merchandise/service I received was damaged, defective, or not what I expected)

What was purchased? _____

Date the merchandise/service was received: _____

Date you returned the merchandise or made it available for pick up (if applicable): _____

Return authorization, cancellation and/or tracking number (if available): _____

- Please describe your attempt to resolve this dispute with the merchant for merchandise/services not as described in the *Additional Information* section.

☐ **Credit Not Received** (I have not been credited for the merchandise I returned)

What was purchased? _____

Date the merchandise/service was received: _____

Date you returned the merchandise or made it available for pick up (if applicable): _____

Reason for returning the merchandise: _____

Return authorization, cancellation and/or tracking number (if available): _____

- Please describe your attempt to resolve this dispute with the merchant in the *Additional Information* section.
- Please provide a copy of the credit slip, return receipt or proof of return, such as a postal receipt and any documentation you have that supports your claim.

☐ **Non-Receipt Of Merchandise Or Service** (I did not receive the merchandise or service I ordered by the agreed upon date)

What was purchased? _____

Date you expected to receive the merchandise or service: _____

If merchandise, was it to be shipped or picked up? _____

- Please describe your attempt to resolve this dispute with the merchant in the *Additional Information* section.

Additional Information:

Please provide additional information required for the dispute type and a full description of your interaction with the merchant from purchase to your last contact. Attach additional pages if necessary. You can also use this space to list and provide information about additional disputes.

Please allow three business days from the receipt of this completed document for us to begin processing. The length of the entire dispute process will vary based on the complexity of your claim.

Signature: _____ Date: _____

Please return completed form and additional documentation to Operations:

Mail: Operations

PO Box 13025

Baltimore, MD 21203-3025

Fax: 855-775-2575

Email: CCServicing@s3cuso.com