



Visa Debit Card/Credit Card Dispute Form

Cardholder Name: _____ Date: _____

Daytime Phone Number: _____ Email: _____

Visa Card Number: _____

Member Number: _____

Transaction Date: _____ Merchant Name: _____

Transaction Amount: _____ Disputed Amount: _____

Reason for Dispute:

- Cancellation of merchandise or Services Dispute- Original Cancellation Date: _____
____ My cancellation number is _____
____ I was not given a cancellation number
- Merchandise received is defective (*Please describe on cardholder statement*)
- Merchandise not as described (*Please describe on cardholder statement*)
- Duplicate Transaction (*Please provide a copy of your receipt*)
- Other type of dispute: _____

Visa Regulation states that before a charge may be disputed it's the member's responsibility to try to resolve the discrepancy with the merchant. Please provide the necessary document (s) that may be helpful in resolving your dispute.

- I have made an attempt to resolve with the merchant. (circle one) Yes No
- Date of Contact: _____
- Contact Method: Telephone E-mail In-person Other (describe) _____
- Merchant Response: _____
- If no attempt, Why Not? _____

We may require additional information from you once we begin our investigation. Constellation Federal Credit Union will issue a provisional credit no later than 3 business days after you have provided all required documentation. Please note the dispute resolution process may take up to a maximum of 120 days. If you have any questions, please contact the Visa Department at 703-573-0970 or 1-800-826-3818 option 6. I understand that the information I provided is true and correct. The authorization for the transaction was NOT originated with fraudulent intent by me or any person acting on my behalf.

Cardholder Signature _____ Date: _____

