



Cardholders must complete this form to dispute Visa Check Card or ATM card transactions. Once complete, return this form along with all supporting documents, so we may begin processing your dispute. If you have questions, please call (520) 794-8341 or (800) 253-8245.

**PLEASE NOTE: A lack of required documents may lead to a delay in provisional credit or a decline by Visa.**

**LOST, STOLEN, OR COMPROMISED CARDS:** You will need to complete the Fraud Affidavit. This is not the correct form to dispute fraudulent transactions. This form is strictly to dispute transactions that you authorized, however, you are disputing the outcome

Note: A card number has been “compromised” when the card has been used without your authorization *and* the card is still in your possession.

**BEFORE DISPUTING THIS CHARGE, I UNDERSTAND THAT I MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT AS REQUIRED BY VISA.**

**ALL OTHER DISPUTES:**

**Step 1: Your Information (please print)**

Name:	Day Phone:	Member #:
Address:		
City:	State:	Zip Code:
Email Address:		
Card Number:		

**Step 2: Merchant Information ONLY ONE TRANSACTION PER DISPUTE FORM**

Merchant Name:	Date Transaction Posted:
Transaction Amount:	Dispute Amount:

**Step 3: Dispute Reason - \* INDICATES REQUIRED INFORMATION**

1. I was billed twice for a single purchase Cardholder certifies one transaction is valid, but posted more than once.

\*Valid Transaction Date Posted

\*2nd Transaction Date Posted

2. Membership / Order Cancelled - **Required: enclose copy of letter, email, or fax informing the merchant of cancellation. Dispute cannot be filed without documentation.**

\*Cancellation # \*Date of Cancellation

\*How was the cancellation done? **Choose all that apply.**

\*Fax # \*Attention: \*E-Mail:

\*Phone # \*Name of person you spoke with:

\*In Person-Name of person you spoke with:

\*Mail-Address:

\*Reason for cancellation

\*Were you advised of a cancellation policy? Yes No

If yes, what were you told?

3. Merchandise was returned You **MUST** attempt to return the merchandise prior to exercising this right. **Required: Attach signed proof of return or credit slip. Dispute cannot be filed without documentation.**

\*What was ordered?

\*What was received?

\*Reason for returning:

\*Was merchandise suitable for the purpose intended?

\*Merchants Response:

4. I did not receive the merchandise **Required: Member must verify that the merchant sent the merchandise.**

\*When was the merchant contacted?

\*What was the merchant's response?

\*What was the expected date of delivery?

Date picked up?

\*What was the merchandise that was ordered?

5. I was over charged for the purchase **Required: Copy of signed receipt. Dispute cannot be filed without documentation.**

\*Correct

\*Incorrect

6. My credit posted as a sale - **Required: Copy of signed receipt, and the credit slip. Dispute cannot be filed without documentation.**

7. The credit did not post to my account - **Required: Copy of dated credit receipt. Dispute cannot be filed without documentation.**

\*Merchant explanation of dispute

8. I paid by other means - **Required: Proof of payment by other means, such as a cancelled check (front and back), a cash receipt, or a billing statement from other credit/debit card. Dispute cannot be filed without documentation.**

\*When was the merchant contacted?

How was the merchant contacted?

\*What was the merchant's response?

9. Service dispute **Required: A detailed description regarding the service received, and why you are disputing the Service:**

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**Step 4: Signature**

<b>Cardholder Signature is required</b>
Your Signature <input checked="" type="checkbox"/> _____ Date _____

**Step 5: Notary Required only if not signed in the presence of Credit Union Employee**

State of: _____ County of: _____
THIS INSTRUMENT ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20____
Signature: _____
My Commission Expires: _____

**For Fraud Department Use Only**

CU Notified:	In Person	By Phone	By Mail	Other: _____
Chargeback Rights?	Yes	No	Fraud Code: _____	CAMS Alert #: _____
	Card Present	Below Chgbk Limit	Denied	Other: _____
	Merchant Issued Credit			
Date of Provisional Credit: _____	Amount: _____	Date Claim Closed: _____		
		REG E Letter	Verafin Case	
<b>Card Present (check all that apply):</b>	Merchant Signature (and/or Express Pay)	Merchant PIN	ATM PIN	
	Other (biometrics, chip, contactless)	Key Entered	Card Not Present	