



# NOTIFICATION OF DISPUTED TRANSACTION

Credit or Debit Card Account #	Cardholder Name	Member #
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Merchant Name	Amount of Purchase
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**Important** (must check box to acknowledge)

You must attempt to resolve the claim with the merchant prior to filing a dispute per Visa Regulations. Your claim may be denied otherwise. Transactions over 60 days from the date of the last statement must be disputed with the merchant.

Please check only one (1) statement that pertains to the dispute claim being filed and provide the information required. Please complete a separate form for each disputed transaction.

**Incorrect Amount** - I was billed the wrong amount

Amount Billed	What was purchased?
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Please provide a receipt, if available.

**Duplicate Charge** - I was 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 via another method or credit card

Paid by:  Check  Cash  Another Credit Card  Other: \_\_\_\_\_

Please provide a copy of your cash receipt, the front and back of your cancelled check or your statement if another credit card was used.

**Cancelled** - I was charged for something I previously cancelled

Date of Cancellation	Cancellation #	Phone # & Name of Person You Spoke with
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Were you advised of the merchant's cancellation policy?  Yes  No If so, how were you advised? \_\_\_\_\_

Cancelled by:  Phone  Mail  eMail  Other: \_\_\_\_\_

Please provide a copy of the phone bill reflecting the call or a copy of the email correspondence.

**Merchandise Not as Described** - Merchandise was damaged, defective or not what I ordered

What was purchased?	Date Received	Date Returned or Picked Up	Return Authorization #	Shipment Tracking #
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**Service Not as Described** - Service I received was not as expected based on the description provided by the merchant

What was purchased?	Date Service Received	Date Service Cancelled
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If merchandise was returned, please provide the following:

Date Returned or Picked Up	Return Authorization #	Shipment Tracking #
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**Credit Not Processed** - I have not received credit from the merchant

What was purchased?	Date Credit Expected	Date Merchandise/Service Received	Date Returned or Cancelled	Shipment Tracking #
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If merchandise was returned, please provide the following:

Date Returned or Picked Up	Return Authorization #	Shipment Tracking #
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**Non-Receipt of Merchandise or Service** - I did not receive the merchandise or service I ordered

What was purchased?	Date Expected to Arrive	Was it shipped or picked up?
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- Additional Information** - Please provide additional information required for the dispute and a full description of your interaction with the merchant from purchase to your last contact. Attach additional pages if necessary.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Preferred Contact #

eMail Address

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