

## **Dispute Affidavit for Visa Debit Card**

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Full Card Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ DocuSign: \_\_\_\_\_

<b>Disputed transaction:</b>	<b>Posting Date:</b>	<b>Merchant Name:</b>
Disputing more than one transaction?	NO YES *If Yes, this is	of (e.g. 1 of 3)

Please select the type of dispute from the list below (choose only ONE). Please list details about the dispute in member statement section on page 3 of the dispute form and include any receipts, invoices, or merchant terms and conditions relevant to your dispute. Before disputing a charge, please make every effort to resolve the dispute with the merchant.

**Incorrect transaction Amount:** (You must supply a copy of your receipt showing the correct amount)

The amount of this transaction posted for \_\_\_\_\_ but should have been for \_\_\_\_\_ difference of \_\_\_\_\_

**I was charged multiple times for the same transaction**

Date of first charge: \_\_\_\_\_ Date of second charge: \_\_\_\_\_ Date of third charge: \_\_\_\_\_

**Paid for goods or services by other means:** (you must supply a copy of proof of payment method.  
\*Proof can include another bank card statement, copy of the front and back of a canceled check or cash receipt)

Choose one:

**A credit transaction posted as a debit in error:** (Supply copy of merchant credit receipt)

A credit for \_\_\_\_\_ posted to my account as a debit.

Credit Union Employee: \_\_\_\_\_

Branch/Department: \_\_\_\_\_



**Cancellation Dispute:** *(Please provide proof/supporting documentation of cancellation)*

Page | 2 Were you advised of any cancellation policy? Yes No (if yes, explain policy below)

\_\_\_\_\_
Date of cancellation: \_\_\_\_\_ Spoke with: \_\_\_\_\_ Cancellation number: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

I canceled this recurring transaction with the merchant on (date): \_\_\_\_\_ how: \_\_\_\_\_

**Returned Merchandise Dispute**

Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

If mailed, include RMA number (Returned Merchandise Authorization): \_\_\_\_\_

Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

Reason for return: \_\_\_\_\_

If you have a credit slip or voucher or a refund acknowledgement that has not posted, please provide:

Date of credit slip: \_\_\_\_\_ Invoice/receipt number for the credit: \_\_\_\_\_

**Non-receipt of goods or services**

\*Please provide a **detailed** description of merchandise or service ordered: \_\_\_\_\_

\_\_\_\_\_
Merchandise not received. I expected deliver on (date): \_\_\_\_\_

Merchant unwilling or unable to provide service. I expected service on (date): \_\_\_\_\_

Have you attempted to resolve this issue with the merchant?

If Yes, spoke with: \_\_\_\_\_ Date: \_\_\_\_\_

Response: \_\_\_\_\_

If No, reason: \_\_\_\_\_

Credit Union Employee:

Branch/Department:



**Quality of Goods or Services**

**Note:** If selecting this dispute reason, you may be required to supply a letter on company letterhead from a second expert that describes the lack of quality of goods or service.

Page | 3 Describe the difference between what was ordered and what was received. Describe what was defective or why the purchase is unsuitable for your needs:

\_\_\_\_\_

Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

If mailed, include RMA number (Returned Merchandise Authorization): \_\_\_\_\_

Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

If you have a credit slip or voucher or a refund acknowledgement that has not posted, please provide:

Date of credit slip: \_\_\_\_\_ Invoice/receipt number for the credit: \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, herein declare under penalty of perjury that all of the information supplied on this dispute form and accompanying documentation is true and correct. I understand that, for billing error disputes, unless resolved sooner, provisional credit may be extended within 10 business days. The 10 business day timeframe is extended to 20 business days if the account is new (less than 30 days). The Credit Union may require written confirmation of an oral notice of error before providing provisional credit. The Credit Union has 45 calendar days to complete the investigation, at which time we either make the provisional credit permanent or debit the provisional credit. The 45 calendar day investigation timeframe is extended to 90 calendar days for errors: (1) not initiated in the state, (2) involving POS debit card transactions, or (3) occurring within 30 days of the first deposit made to the account. The Credit Union will report the results to you within 3 business days after completing the investigation. I also understand that, for merchant/service disputes, a signed dispute is required in order to open an investigation. Timely completion of the investigation will depend on the cardholder's full participation.

\_\_\_\_\_

\_\_\_\_\_

Cardholder Signature

Date

**Member Statement** (describe your attempt to resolve with merchant):

[Large empty box for Member Statement]

**Credit Union Employee:**

**Branch/Department:**