



PO Box 58429; Raleigh, NC 27658-8429

Notification of Disputed Transaction for Visa Check Card

Cardholder's Name: _____ Phone Number: _____

Card Number: _____ Expiration Date: _____

Transaction Date	Transaction Amount	Merchant Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us why you think the item(s) noted above is in error. Please check only one of the descriptions below; do not alter the wording on this form. **Provide copies of all documentation that will help us investigate your dispute.** (i.e., contracts, invoices, receipt copies, etc.) **Please complete the Cardholder Written Statement section at the end of this form.**

I certify that the charge in question was a single transaction, but posted twice to my account.

Transaction #1 \$ _____ Date _____ Merchant _____

Transaction #2 \$ _____ Date _____ Merchant _____

The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly. Attached is a copy of the sales draft that shows the correct amount.

I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me. (If you do not recognize a sale, choose this option.)

Note: If the transaction is unauthorized, as in this example, the card must be blocked.

The charge was paid by another method. Enclosed is a copy of the cancelled check or cash/credit receipt.

Please complete **one** of the sections below if the descriptions above do not apply.

Cancelled Services or Merchandise

Per Visa regulations, the cardholder must attempt to resolve the issue with the merchant prior to filing a dispute with Coastal Federal Credit Union.

Has the cardholder contacted the merchant? YES _____ NO _____

What was purchased? _____ Service _____ Merchandise _____

Please provide a detailed description of the services or merchandise ordered:

Was the service or merchandise cancelled due to Non-Receipt? _____ Yes _____ No

Date cancelled: ____/____/____ How? _____ Phone _____ E-mail (please provide copy) _____ In Person

If a cancellation number was given, what was that number? _____

If the merchandise was received after canceling, that merchandise must be returned. Please provide the date returned and by what method. (i.e. UPS, FedEx, USPS). Please include any proof of return to support the dispute.

Please complete the Cardholder Written Statement portion at the end of this form.

Notification of Disputed Transaction for Visa Check Card Completion Instructions:

Verify the type of transaction the member is disputing. This form is *only* to be completed if the transaction type has a description of **DEBP**.

Ask the member if he/she has contacted the merchant to resolve the issue. Per Visa Regulations, the cardholder must attempt to resolve the issue with the merchant *prior* to filing a dispute with the credit union.

Note: If the member has fraudulent transactions or their card has been compromised, the Cardholder Dispute Form/Fraudulent Use of a Credit, Debit, or ATM Card Affidavit must be completed.

***Cardholder Information**

- Fill in the Cardholder's Name, Phone Number, Card Number, and Expiration Date fields.

**This is a required field*

***Transaction Information**

- Complete the disputed transaction information fields. (Transaction Date, Transaction Amount and the Merchant's Name.)

**This is a required field*

Disputed Transaction Descriptions

- This section displays four scenarios for a disputed transaction. Choose the option that best describes the members dispute, and provide copies of all documentation significant to the transaction. (i.e. receipt copies, cancelled check copy, etc.)
- If the member states that the transaction is unauthorized, the card **must** be closed. Call the ADS Department to close the card.
- *The member must complete the Cardholder Written Statement section at the end of this form. The following information must be provided:
 - The exact date the merchant was contacted
 - With whom they spoke
 - What was said when they attempted to resolve the issue with the merchant

**Required information*

If the previous options do not apply to the dispute, continue on to the next two sections. Choose only one option that best describes the members dispute.

Cancelled Services or Merchandise

- Select the appropriate answer to the listed question. If the member chooses "NO", they must contact the merchant *prior* to filing a dispute with the credit union. If the member chooses "YES", continue completing the form.
- Select the appropriate description. (Service or Merchandise)
- The member must provide a detailed description of the services or merchandise ordered. Be specific. (What type of services were they, describe the product.)
- Select the appropriate answer to the listed question. (Did they cancel because services/merchandise were not received?)

- Fill in the cancellation date
- Select the appropriate answer. If the member cancelled by e-mail they must provide a copy of the cancellation e-mail.
- Provide the cancellation number in this field
- If the member has received the merchandise after canceling, they must return the product and provide proof of return. (FedEx receipt, USPS receipt, UPS receipt, etc.)
- *The member must complete the Cardholder Written Statement section at the end of this form. The following information must be provided:
 - The exact date the member contacted the merchant to cancel
 - With whom they spoke
 - What was said during the attempt to resolve with the merchant
 - The exact date the merchandise was returned (if it was received after the cancellation date)
 - What return method was used
 - All significant documentation for this dispute must be provided. (Cancellation e-mail, voided contract, correspondence with the merchant, etc.)

**Required information*

Merchandise Not Received

- Select the appropriate answer to the listed question. If the member chooses “NO”, they must contact the merchant *prior* to filing a dispute with the credit union. If the member chooses “YES”, continue completing the form.
- Fill in the date the member expected to receive the merchandise from the merchant
- The member must provide a detailed explanation of the merchandise purchased. (What is the product, what does it do, what does it look like, what is it used for?) Be specific.
- *The member must complete the Cardholder Written Statement section at the end of this form. The following information must be provided:
 - The exact date the member contacted the merchant regarding the missing merchandise
 - With whom they spoke
 - What was said during the attempt to resolve with the merchant
 - All significant documentation for this dispute must be provided (e-mail of shipment confirmation, purchase receipt, correspondence with the merchant, etc.)

**Required information*

Cardholder Written Statement

This section must be completed for all dispute types. It is imperative that the members’ statement is descriptive, providing all of the required information as stated above. All documentation significant to the dispute is also required.