VISA DEBIT/CREDIT CARD DISPUTE FORM

JSC Federal Credit Union P.O. Box 58346 • Houston, Texas 77258 281.488.7070 • www.jscfcu.org



The VISA Debit/Credit Card Dispute Form should be completed when a known person or merchant has debited a VISA Debit Card, Credit Card or ATM Card under the following circumstances:

Cancellation Dispute Returned Merchandise ATM Dispense Errors Non-receipt of Goods or Services Incorrect Transaction Amount
Quality of Goods or Services
Duplicate Charges

INSTRUCTIONS

- Most disputes will require the cardholder to attempt to resolve the issue with the merchant before a dispute can be filed. Failure to complete all required information may delay processing and limit the chance of success.
- All cardholder documentation (such as receipts, etc.) should also be submitted with this form
- The form must be filled out completely.
- Please include a contact number for the cardholder.
- Each individual disputed transaction must be over \$25.00 to dispute.

WHERE DO I SEND MY COMPLETED FORM?

- Return the completed form to any JSC FCU branch
- Or fax the form to 281.488.5116, Attn: Visa Department

QUESTIONS

Contact the Visa Department Phone: 281.488.7070

Fax: 281.488.5116

GOOD TO KNOW

JSC Federal Credit Union cannot cancel a charge or place a stop payment on debit charges.

								PAGE	OF
		<u>C/</u>	ARDHOLI	DER DISP	UTE FO	<u>ORM</u>			
Cardholder Name									
Card Number									
Transaction Date	Me	erchant Name							
Transaction Amount \$		Dispute Amour	nt \$						
*		,	,						
	Cardho	older Signature					Da	te	
Return this form and The required fields p	any supporting docu oer dispute type are does not accurately re	ments so that your marked with an a	· dispute car isterisk (*).	n be process Attach a se	sed in a ti eparate sh	mely manne heet or lette	er. Please ans	wer all appropria	te questions below. ur explanation. If any
☐ Transaction not rec	ognized by cardholde	r			Γ				
Cancellation dispute									
	lvised of any cancella		T I	(If yes, exp	olain)				
* Date of car		Sı	poke with:						
* Cancellatio	cancellation:								
	recurring transact	ion with the me	rchant d	ate:		how			
	our attempt	ion with the me	ichan 4	uto.		11011			
-	with the merchant:								
Returned merch	nandise dispute	ı							
* Date return		<u>"</u>	Date receive	ed by merch	ıant:				
•	If mailed, Return M			•					
* Shipping C					cking num	nber:			
* Reason for	return:			-					
•	If you have a credi	t slip or voucher or	a refund ac	knowledger	ment that	has not pos	ted please pro	vide:	
Date of cree	dit slip:		Invoice/re	ceipt numbe	er of the o	credit:			
Describe y	our attempt								
to resolve	with the merchant:								
☐ I was charged to	wo or more times	for the same tra	nsaction						
* Date of firs	t charge:	* D	ate of secor	nd charge:					
Date of thir	d charge:	Da	ate of fourth	charge:					
	our attempt with the merchant:								
☐ I did not receive	cash from an ATI	VI withdrawal att	empt but	was charg	ged as if	I did rece	ive it		
☐ I made	reference number: a single attempt e multiple attempt			on one of	those a	attamnte			
☐ Other				OI OI IC OI		onpto			

	CARD		PAGE OF					
I paid for these goods or services by other means	1							
* ☐ check ☐ cash ☐ other Bank Card ☐ Other								
* Describe your attempt to resolve with the merchant:								
*Note: if selecting this dispute reason, <u>you must supply a copy of proof of other means of payment</u> . Proof can include another Bank Car	d statement, copy of the fi	front and back of a cance	led check or a cash receipt.					
Non-receipt of goods or services								
Select One:	Received							
* What service or merchandise was ordered?								
* I expected delivery/services on (date): * Merchant unwilling or unable to provide service: Yes No	(if yes, explain)							
* Describe your attempt to resolve with the merchant.	(ii yee, explain)							
* Merchant Response:								
* If no merchant response, explain:								
A credit transaction posted as a debit in error								
* A credit for \$ was posted to my account as	a debit.							
You must supply a copy of the credit receipt received from the merchant.								
* Describe your attempt to resolve with the merchant:								
Incorrect Transaction Amount								
* The amount of this transaction posted for \$	but should have posted f	for \$						
If available please supply a copy of your receipt.								
* Describe your attempt to resolve with the merchant:								
Quality of services or goods, defective merchandise or not as described								
Select one:	C Service was defec	ctive or not as described						
*Describe the difference between what was ordered and what was rec	eived or provide copy of w	vritten purchase order. V	Vhat was defective or why	_				
the purchase is unsuitable for your needs.								
*Date cardholder received merch. or service Date merch	nandise returned:	Date received by	merchant:					
If mailed, Return Merchandise Auth. #:								
* Shipping Company:	Tracking number	er:						
If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute.								
*Date services cancelled: How?								
* Describe your attempt to resolve with the merchant:								
dditional information: Please use an additional sheet of paper, if necess	ean/							
adultional information. Fricase use an adultional sheet of paper, if flecess	ai y							