



P.O. Box 2270  
 Germantown, MD 20875-2270  
 301-944-1800 or 800-95MAFCU  
 www.mafcu.org

# VISA CARD DISPUTE FORM

Visa Card Dispute Form - page 1  
 Cardholder Details of Dispute - page 2

*(If the transaction you are disputing is unauthorized due to fraudulent use of your card or card number and you **did not** authorize or participate in the transaction listed, **DO NOT** complete this form. You must complete a Visa/ATM Fraud Form.)*

Member Name: _____	Account Number: _____
Card Number: _____	Dollar Amount \$ _____
Transaction Date: _____	Posting Date: _____
Merchant Name: _____	City / State: _____

**1. Please check the applicable reason for your dispute or inquiry below and complete Details Form:**

- I would like a copy of a sales draft.** (Describe the transaction and reason for your request on the Details Form.) There will be a \$10.00 fee assessed.
- I was billed more than once for a single purchase.** (Describe the transaction in the Details Form provided and provide a copy of sales receipt.)
- I did not receive the merchandise that was to have been shipped to me.** (Explain where the merchandise was supposed to be shipped to, the expected delivery date, and what attempts were made to resolve the matter with the merchant on the Details Form provided.)
- Merchandise has been returned.** (Describe what was expected and received, reason for return, merchant response, and provide postal receipt or slip for return.)
- Merchandise shipped to me arrived damaged or defective.** (Describe the defect or damage, attempts to return the merchandise, and merchant's response.) This is for shipped merchandise only.
- I have been billed an incorrect amount.** (Please enclose a copy of the signed sales receipt and give the incorrect amount you were charged.)
- The merchant will not give credit.** (Please enclose a copy of your sales slip, and store credit receipt. Visa regulations prohibit Card Services from assisting in this dispute if the sales slip reflects IN-STORE CREDIT or NO REFUNDS.)
- I was charged for a hotel room that I had cancelled.** (Please provide an explanation with full details on the Details Form provided. In order for us to process your dispute, you **MUST** provide your cancellation number. Please provide the person's name that accepted the cancellation, and the date of the cancellation. A phone bill showing date and time of the cancellation call will also be accepted.)
- Paid by other means.** (A transaction was paid by an alternate means and also posted to the cardholder's account. Please provide any documentation showing payment to the merchant by alternate means and describe your attempts to resolve the matter with the merchant on the Details Form provided.)
- My credit posted as a charge.** (Describe transaction on the Details Form, and provide a copy of the credit slip, and the date of the original charge.)
- Service/ Membership/Subscription cancelled.** (Proof of cancellation needs to be provided. Please describe cancellation policy and enclose a copy of the letter/e-mail that was provided to the merchant for cancellation and attempts made to resolve with merchant on the details form provided.)
- Service- Not provided.** (Indicate the nature of dispute and your attempts made to resolve with merchant on Details Form provided.)
- Other** - (Describe reason in detail on the member Details Form provided.)

