



VISA CHECK CARD/ATM DISPUTE FORM

In order to pursue this matter on your behalf, VISA, who governs this activity, requires that we receive the information (dispute) requested within 60 days of charge.

PROVISIONAL CREDIT WILL BE GIVEN WITHIN 10 DAYS ONLY IF CONTACT WITH THE MERCHANT HAS BEEN MADE.

CARDHOLDER'S NAME: _____
DEXSTA ACCOUNT NUMBER: _____
CARD NUMBER: _____
ADDRESS: _____
DAYTIME PHONE: _____ EVENING PHONE: _____

PLEASE PROVIDE ANY COPIES OF RECEIPTS, CONTRACTS AND/OR POLICE REPORTS THAT PERTAIN TO THIS DISPUTE. ALSO, IN THE SPACE BELOW, PROVIDE ANY ADDITIONAL DETAILS YOU MAY HAVE, INCLUDING RECAPS OF CONVERSATIONS WITH MERCHANTS, LAW ENFORCEMENT, ETC.

I UNDERSTAND THIS AFFIDAVIT IS SUBJECT TO INVESTIGATION BY LOCAL, STATE AND/OR FEDERAL LAW ENFORCEMENT AGENCIES. I AUTHORIZE DEXSTA Federal Credit Union TO FULLY COOPERATE WITH ANY SUCH INVESTIGATION. I MAY BE REQUIRED TO COMPLY WITH A COURT ORDER OR SUBPOENA TO GIVE TESTIMONY.

I UNDERSTAND MAKING A FALSE SWORN STATEMENT IS SUBJECT TO FEDERAL AND/OR STATE STATUTES AND MAY BE PUNISHABLE BY FINES AND/OR IMPRISONMENT.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

STATE OF _____ COUNTY OF _____

SUBSCRIBE AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

_____ NOTARY _____ TELLER ID

TRANSACTION DETAIL
SEPARATE FORM NEEDED FOR EACH DISPUTED TRANSACTION

MERCHANT NAME: _____

DISPUTED AMOUNT: _____ TRANSACTION DATE: _____

SELECT TYPE OF DISPUTE (check ONLY one)

DO NOT RECOGNIZE – Please attempt to contact the merchant prior to disputing the charge.

- When did the Cardholder attempt to contact the Merchant? _____
- What was the outcome of the merchant contact? _____

- All cards issued to me are in my possession: YES _____ NO _____

I WAS BILLED TWICE FOR A SINGLE PURCHASE – Cardholder certifies one transaction is valid, but posted more than once.

- Valid Transaction \$ _____ Date: _____
- Invalid Transaction \$ _____ Date: _____

MEMBERSHIP CANCELLATION – Please enclose copy of letter, email or fax informing the merchant of cancellation.

- When did the Cardholder contact the Merchant? _____
- Reason for cancellation? _____
- Date of cancellation: _____ Cancellation # _____
- Were you advised of a cancellation policy? YES ____ NO ____
If yes, what were you told? _____

MERCHANDISE WAS RETURNED – You **must** attempt to return the merchandise prior to exercising this right. **Please attach a signed proof of return or credit slip.**

- Merchant's response: _____
- What was ordered? _____
- What was received? _____
- Reason for returning? _____

I DID NOT RECEIVE THE MERCHANDISE – Please contact the merchant and notify us of the outcome.

- When did the Cardholder contact the Merchant? _____
- What was the outcome of the merchant contact? _____

- What was the expected delivery date? _____ Pickup date? _____
- Did the Cardholder cancel with the merchant? YES ____ NO ____
If yes, when? _____ How? _____
What was the merchandise that was ordered? _____

SERVICE DISPUTE – Please describe the nature of your dispute and your attempts at resolution **in the space provided on the first page of this form.** You may be asked to provide copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

OTHER – Please provide a **DETAILED** description in the space provided on the first page of this form.

Disputes can be emailed to MemberServices@dexsta.com