

# VISA® CREDIT CARDHOLDER DISPUTE NOTIFICATION



Please provide all required information and documentation for the best chance of a successful dispute with Visa. We may need to contact you for additional information, please ensure that your contact information is current.

**All fields are required unless otherwise noted.**

CREDIT CARD NUMBER (16-digits)	CARDHOLDER NAME	CARDHOLDER PHONE NUMBER	BECU USE ONLY Person #
EMAIL ADDRESS (optional)		MERCHANT NAME	
AMOUNT POSTED TO ACCOUNT	AMOUNT DISPUTED	POST DATE	
Disputing more than one item? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, this is number _____ of _____ (e.g., 1 of 3) <i>Only one transaction per form</i>			
SIGNATURE			DATE

**For all disputes:**

Date merchant was contacted to attempt to resolve: \_\_\_\_\_

Merchant response: \_\_\_\_\_

If this was for a hotel room, did you request a reservation?  Yes  No

If Yes, this is NOT an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed below.

**Select the option below that best describes your dispute (one dispute per form).**

**Please note:** For all disputes, you must make contact with the merchant directly in an attempt to resolve the charge.

**Non-receipt of 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? \_\_\_\_\_

What merchandise was ordered? \_\_\_\_\_

**Duplicate charge.** The Cardholder certifies one transaction is valid, but posted more than once.

Valid Transaction Amount: \_\_\_\_\_ Post Date: \_\_\_\_\_

Invalid Transaction Amount: \_\_\_\_\_ Post Date: \_\_\_\_\_

**Service Dispute or Counterfeit Goods.** Please describe the nature of your dispute and your attempts at resolution with the merchant on a separate sheet of paper and attach it to this form. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts, or other supporting documentation.

**Trial membership.**

**Please enclose:** Copy of the **letter, email, or fax** informing the merchant of cancellation

Did you follow the merchant's cancellation?  Yes  No      Did you receive any product(s)?  Yes  No

Cancellation Date: \_\_\_\_\_ Cancellation Number: \_\_\_\_\_

Were you required to return any products?  Yes  No      Did you return any product(s)?  Yes  No

RMA Number (return merchandise authorization): \_\_\_\_\_

**Proof of return:** Provide a copy of the receipt or tracking number.

**Cancellation.**

**Please enclose: Copy of the letter, email, or fax informing the merchant of cancellation.**

Reason for cancellation: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_ Cancellation Number: \_\_\_\_\_

Were you advised of a cancellation policy?  Yes  No

If Yes, what were you told? \_\_\_\_\_

**Overcharged for the purchase.**

**Please enclose:** Copy of the **signed sales receipt** or **invoice** showing what you should have been charged

Authorized amount: \_\_\_\_\_ Amount charged / posted: \_\_\_\_\_

**Credit did not post to my account**, AND it has been more than 15 days since the Merchant promised credit.

**Please enclose:** Copy of the **dated credit slip** or **Notice of credit** from the merchant and attach a detailed explanation of your dispute.

**Returned merchandise.** You must attempt to return the merchandise prior to raising this dispute. If these are counterfeit goods, see below for required documentation.

**Please enclose:** Signed proof of return or credit slip

What merchandise was ordered? \_\_\_\_\_

Date merchandise was received: \_\_\_\_\_

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

Was merchandise suitable for the purpose intended? \_\_\_\_\_

**Paid by other means.** You must provide proof of paid by other means, such as a **copy of the cancelled check** (front and back), a **cash receipt**, or a **billing statement** from another credit card.

**Charged for a hotel room that I cancelled.** A cancellation number is required.

**Please enclose:** Hotel policy or terms and conditions for hotel cancellation

Were you advised of a cancellation policy?  Yes  No

If Yes, what was the policy? \_\_\_\_\_

Cancellation Date: \_\_\_\_\_ Cancellation Number: \_\_\_\_\_

I have enclosed a copy of correspondence or phone record demonstrating my attempt to cancel with the merchant.

**To successfully process your dispute and recover funds from the merchant, please provide details of the transaction and your contact with the merchant to recover funds directly** (continue on back or separate piece of paper if needed):

Though we may attempt to recover the funds on your behalf, BECU does not guarantee that we will be able to recover your funds from the merchant. Please note that additional documentation may be required to process your dispute.

Please return the completed and signed form to one of the following:  
Fax: 727-540-2200 or 727-540-2230  
Mail: PSCU, PO Box 31112 Tampa, FL 33631-3112