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FAFCU.org

## CARD TRANSACTION DISPUTE FORM

To submit a VISA® debit or credit card dispute:

- Complete this form in its entirety, print and sign the form.
- Mail the form or bring it to a branch. We will accept a fax (323) 269-6607; please mail the original (required).

### Cardholder and Transaction Information

Member Name (First, MI, Last)	Account Number	
Daytime Phone Number	Email Address	
Street Address	City, State Zip Code	
Visa Debit or Credit Card Number	Disputed Amount	
Merchant Name	Transaction Date	Posted Transaction Amount

### Cardholder Action Taken

Visa® regulation states that before a charge may be disputed it is the member's responsibility to try to resolve the discrepancy with the merchant. Please attach any correspondence or supporting documentation that may be helpful to resolve your dispute.

Date of first attempt to resolve dispute with merchant: \_\_\_\_\_

Method of contact: ☐ Phone ☐ Email ☐ Other, please explain: \_\_\_\_\_

Merchant's Response: \_\_\_\_\_

### Reason for Dispute

- ☐ Merchandise was returned to the merchant
- ☐ Duplicate Transaction
- ☐ Paid by other method (provide a copy of the receipt showing actual method of payment)
- ☐ Goods or services were not received
- ☐ Service was cancelled on: \_\_\_\_\_
- ☐ Credit posted as a charge (provide a copy of the credit receipt)
- ☐ Incorrect transaction amount (provide a copy of the receipt showing the correct amount)
- ☐ Quality of goods or services is under dispute. Please explain in detail below.
- ☐ Other (explain below)

Describe in detail why you are disputing the transaction. Attach supporting documentation and additional pages if needed.

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Member Signature (required)

Date