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## VISA® DEBIT/CREDIT CARD CARDHOLDER DISPUTE FORM

Member Name	Account Number
Street Address	City, State, Zip Code
Daytime Phone Number	Email Address

Merchant Name	Transaction Date	Transaction Amount
Visa® Debit/Credit Card Number	Dispute Amount	

### 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 slips, correspondence or supporting documentation that may be helpful in resolving your dispute.

Date of first attempt to reconcile with merchant: \_\_\_\_\_

Contact made by: ☐ Phone ☐ E-mail ☐ Other, please explain: \_\_\_\_\_

Merchants Response: \_\_\_\_\_

Reason for Dispute (please check the appropriate reason):

- ☐ Cancellation of Merchandise or Services Dispute - Original Cancellation Date: \_\_\_\_\_
- ☐ Return of Merchandise Dispute
- ☐ Duplicate Transaction Dispute
- ☐ Paid by Other Means Dispute (please provide copy of receipt)
- ☐ Non-Receipt of Goods or Services
- ☐ Credit Posted as a Charge (please provide copy of credit receipt)
- ☐ Incorrect Transaction Amount (please provide copy of receipt showing correct amount)
- ☐ Quality of Goods or Services Dispute – please explain below
- ☐ Other – please explain: \_\_\_\_\_

Describe in detail why the transaction is being disputed (attach additional sheets if necessary):


Member Signature (required)	Date
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