



P.O. Box 25947
 Alexandria, VA 22313-9809
 202.366.9400 | 800.368.8432
 transfcu.org

VISA Check Cardholder Statement of Dispute



Card Number: _____

Posting Date: _____

Dollar Amount \$ _____

Merchant Name: _____

Transaction Date: _____

City/State: _____

I am disputing the above charge due to the following reason (check only one):

X	REASONS
<input type="checkbox"/>	I have not authorized or participated in any way in this transaction. My card was reported _____ lost or _____ stolen on (Date) _____.
<input type="checkbox"/>	I have not authorized or participated in any way in this transaction. My card has not been out of my possession.
<input type="checkbox"/>	The amount billed is incorrect. I have enclosed my copy of the sales slip dated _____. The correct amount is: \$ _____.
<input type="checkbox"/>	I am disputing the following charges for lodging for \$ _____.
<input type="checkbox"/>	I am disputing the following charges for vehicle rentals for \$ _____. I returned the vehicle on _____.
<input type="checkbox"/>	I am disputing a guaranteed reservation service & no show charge. My reservation date was for: _____. The cancellation number is _____. Date of cancellation is _____.
<input type="checkbox"/>	The merchant continues to charge my account for a recurring (POS) payment that I canceled on (date) _____ via phone/in writing.
<input type="checkbox"/>	I have (check one) _____ returned _____ attempted to return the merchandise on _____. The merchant refused to (check one): adjust the price repair or replace the goods or other things of value _____ issue a credit. *Please enclose proof of return if available*
<input type="checkbox"/>	I have engaged in the transaction listed & have contacted the merchant in an attempt to resolve the dispute. The delivery day was to be _____ or _____ I canceled the order on (date) _____ & was not credited.
<input type="checkbox"/>	The merchandise shipped arrived broken or unable to be used for the purpose sold. I have returned the merchandise.
<input type="checkbox"/>	Attempted to return the merchandise & I contacted the merchant on (date) _____ to attempt to resolve this, however, my attempt failed. (Please enclose a copy of the shipping receipt if applicable)
<input type="checkbox"/>	I contracted with the merchant for services (see attachment) to be provided on (date) _____. I have not received them. I have contacted the merchant in order to resolve the dispute, which was unsuccessful.
<input type="checkbox"/>	The charge listed was paid previously by another method. I'm enclosing proof. I have tried to resolve this with the merchant.
<input type="checkbox"/>	My credit slip was listed as a sale on my account. A copy of my credit is enclosed.
<input type="checkbox"/>	I participated in one transaction at the merchant, but NOT the transaction listed. I or someone authorized by me was in possession & control of all cards at the time of the transaction. The authorized transaction amount is \$ _____ on date _____.
<input type="checkbox"/>	I have not received a credit to my account for the transaction listed. I have enclosed a copy of the credit receipt issued.
<input type="checkbox"/>	The charge listed was a single transaction but has posted _____ times to my account.

Please provide specific details of your dispute on a separate sheet of paper.



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Cardholder Signature: _____ Date: _____

Telephone Number: Daytime: _____ Evening: _____

Please send this form along with any other documentation required to the Accounting Department, or fax it to 202-385-6095.