

CARDHOLDER STATEMENT OF DISPUTED ITEMS



Member Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

VISA Number: _____

Disputed Charge(s):

Reference Number	Sale Date	Amount	Merchant Name
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Please check only one box which best explains your dispute:

Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$_____. I have contacted the merchant and requested a credit adjustment that I did not receive or was not satisfactory. I am disputing the charge because:
(Please explain completely. If additional space is needed, use the back of this form)

The amount of the sales slip was increased from \$_____ to \$_____ Enclosed is my copy of the sales slip, prior to alteration.

The credit slip was listed as a sale on my statement. *(Include a photocopy of the Credit Slip)*

I certify that the charge above was not made by me or by a person authorized by me to use my card. Also, the goods or services of the above transaction were not received by me or by a person authorized by me.

I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. *(Include a photocopy of the Credit Slip)*

I certify that only one transaction was made with the above-mentioned merchant and I have been charged twice for the same transaction.

I certify that only one transaction was made with the above mentioned merchant and this same merchant has processed a second charge to my account, which I neither participated in nor authorized. Also, my VISA was in my possession at the time of the second transaction.

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

I understand that this credit may be provisional. For disputed transactions, failure to abide by the terms of the authorization agreement or if the merchant provides proof of valid charge, my provisional credit will immediately be reversed and I will be notified. If in accordance with VISA rules it is determined that there are no chargeback rights for the disputed transactions, I must take any further actions directly with the merchant.

By completing and signing this form, I acknowledge that I have given a correct and true disclosure of the transaction I am disputing. I realize that F3 Credit Union may call upon me to supply additional supporting documentation to strengthen my claim against the merchant. I realize that not providing all details or exact information related to my dispute may delay the dispute resolution process.

I have carefully read and understand the statements above.

Signature: _____

Date: _____