

VISA Debit/Credit Dispute Form

An attempt to resolve the dispute with the merchant must be made first before we can take action on your claim.

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared and if you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. A dispute form must be completed for each transaction.

Part I: You must complete all items in this section for your claim to be processed.

Cardholder Name:	PFCU Account #:
Card #:	Daytime Phone:
Merchant Name:	Work Phone:
Disputed Amount:	Transaction Date:

Part II: Please check the ONE category which BEST describes your dispute.

I do not recognize or did not authorize this transaction. **(Please use Part III to describe in detail the attempts made when you contacted the merchant.)**

My card is in my possession

My card was lost or stolen at the time of transaction

I first learned that the card was lost or stolen on Date: _____

Was a police report filed? Yes: No: Date: _____

The ATM cash withdrawal transaction is incorrect.

Amount requested \$ _____ Amount received \$ _____

I used another form of payment (cash, check, other credit card) for this transaction. **(Please provide a copy of your proof of alternate payment)**

I was billed the wrong amount. The charge posted as a different amount. **(Please provide a copy of your receipt)**

I received a credit on the above transaction, but the credit was not applied to my account. **(Please ensure that 30 days have passed from the date of the credit slip prior to submitting a dispute. Please supply a COPY of the credit slip.)**

I did authorize the transaction, attempted to cancel with the merchant but was still charged. **(Please ensure that 30 days have passed from the date of the credit slip prior to submitting a dispute. If timeframes have passed, forward a copy of your contract, and/or proof of cancellation, i.e. cancellation number, letter of cancellation date.)**

My account was charged twice for the same transaction. Charge is a duplicate of _____ (date).

I did authorize the transaction, but have not received the merchandise or service and 30 days have passed from the expected date of delivery. **(You must contact the merchant and advise no merchandise or services received. Please explain in Part III, the detail of the merchant's response. Be specific with the type of merchandise or service that was to be received.)**

I did authorize the transaction, but the merchandise or services received were defective, damaged or not as described (according to the written or verbal descriptions). I have returned or made an attempt to return the merchandise for credit. **(Please explain in Part III, the detail of the merchant's response was and the details of the dispute. Also explain in specific detail what was ordered and what was received instead; what was defective or what was not as described. Also, supply proof of return and any documentation you have to support your claim.)**

I cancelled the hotel reservation on (date) _____. My cancellation number is _____.

Part III: Use this section to provide a detailed explanation of your dispute. Please enclose all supporting documentation.

Attach additional pages if needed.

Part IV: Disclosures

1. PFCU's ability to assist you in receiving reimbursement on this item is based solely upon the information and documentation that you provide to support your claim of dispute. Please provide as much information as possible to help us quickly find a resolution.
2. I certify that I have exhausted all means to obtain credit directly from the merchant.
3. I give my consent to the credit union to release any information regarding my card and/or 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 account.
4. I understand that my card may be deactivated. A fee may be charged to replace the card if the investigation determines that it was not fraud.
5. I swear this dispute is true and understand that making a false sworn statement is subject to federal and /or state statutes and may be punishable by fines or imprisonment. A false sworn statement may result in the revocation of my debit card and checking account privileges.

Part V: By signing this document, I am initiating an investigation regarding an unauthorized transaction. I further realize Pioneer FCU will perform an investigation of the event to determine if I am eligible for any reimbursement.

Member's Signature: _____ **Date:** _____

Credit Union Use Only:	
Employee Name: _____	Date: _____
Teller #: _____	Branch: _____
How was this form given to the member?	
In Person: _____	Date: _____
Email: _____	Date: _____
Fax: _____	Date: _____
Online: _____	Date: _____