



VISA® CARD/ATM DISPUTE LETTER

- VISA® regulations may require that an attempt to contact the merchant to resolve the disputed transaction(s) be made **PRIOR** to our institution filing a dispute. The attempt to resolve must be after the charge has posted.
- This form must be submitted within 60 days of the transaction date printed on your statement.
- Provisional credit will be given no later than 10-20 business days (depending on length of membership) after we receive all required documentation. If the merchant decides to take back the money, we have the right to withdrawal the funds out of your account.
- Before a FRAUD dispute can be processed, the card **must** be closed.
- **Please Note:** The dispute resolution process may take up to a maximum of 120 days.

Cardholder Name: _____

Cardholder Acct #: _____

Cardholder Address: _____

VISA® Debit Card/ATM Card #: _____

Merchant Name: _____ Amount: \$ _____ Date of Transaction: ____/____/____

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Merchant Name: _____ Amount: \$ _____ Date of Transaction: ____/____/____

Date of Resolution Attempt: ____/____/____ What was the outcome? Please be specific:

FRAUD reasons:

_____ "I did NOT authorize the above transaction(s), however the card was in my possession."

_____ "At the time of the transaction, the card was **LOST**." Date the card was lost: ____/____/____

Date you reported the card lost and closed the account: ____/____/____

_____ "At the time of the transaction, the card was **STOLEN**." Date the card was stolen: ____/____/____

Date you reported the card stolen and closed the account: ____/____/____

NON-FRAUD reasons:

_____ **Incorrect Transaction Amount**

*MUST provide a copy of receipt with the correct transaction amount

_____ **Paid by Other Means**

*MUST provide a copy (PROOF) of OTHER MEANS of payment, i.e. canceled check, bank statement, credit card statement, etc.

VISA Debit Card/ATM Card #: _____

_____ **Cancellation of Merchandise or Services**

What type of services or merchandise did the merchant provide? _____

Reason for cancellation: _____

What date did you cancel the services or merchandise? ___/___/___

Do you have a cancellation confirmation number? YES or NO Cancellation #: _____

If you received merchandise after the cancellation date, on what date do you return it? ___/___/___

*MUST provide proof of return, i.e. USPS receipt, Overnight Delivery receipt, etc.

_____ **Return of Merchandise**

What type of merchandise did you receive? _____

Reason for return: _____

What date did you return the merchandise? ___/___/___

Did you get a credit receipt or credit advice? YES or NO

If YES, has it been longer than 30 days to allow ample time to process the credit? YES or NO

If NO, please explain why: _____

*MUST provide proof of return, i.e. USPS receipt, Overnight Delivery receipt, etc.

_____ **Merchandise or Services Not Received**

Did the merchant provide a delivery date? YES or NO Delivery Date: ___/___/___

Has it been longer than 30 days to allow ample time to process the credit? YES or NO

_____ **Not as Described or Defective Merchandise**

Why did the good or services NOT MATCH? _____

What date was the merchandise returned? ___/___/___

Any Additional Information: _____

By signing below, I allow Lebanon Federal Credit Union to release any information regarding my card and/or card account to any local, state, federal law enforcement agency so the information may, 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. I understand that it is a federal offense to knowingly defraud a federally insured financial institution. Such fraud may be punishable by fine or imprisonment. I hereby certify that the above statements are true and correct.

Member Signature

___/___/___
Date

Employee Initials/#: _____

FOR BACK OFFICE USE ONLY		
Employee Initials/#: _____	Date Dispute Filed: _____	Date of Prov' Credit: _____
Date of Representation: _____	Final Outcome: _____	