



Visa[®] Debit Card Cardholder Dispute Form Instructions

*****This form should not be used for fraudulent transactions*****

Please complete and return the following form:

Important Things to Know:

- Your first step in disputing a purchase is to contact the merchant directly to resolve the dispute.
- If you have already contacted the merchant and this contact was unsuccessful in resolving your dispute CFE will attempt to assist you in a resolution. **Please complete the attached form and include a letter in your own words describing your dispute, sign it and mail it to the address listed below. The letter should include a DETAILED EXPLANATION of the transaction(s) AND the steps taken to resolve this matter with the merchant.**
- When completing the form, include supporting documentation that may be helpful in resolving your dispute. This documentation should include, but not be limited to; date, time and with whom you spoke to, cancellation number (if applicable) and the details of your communications.
- If the merchant has agreed to credit back the purchase amount, the credit could take as long as 30-days to reflect on your account.

We may require additional information from you once we begin our investigation. CFE Federal Credit Union will issue a provisional credit no later than 10 business days after you have provided all required documentation. A receipt confirming the provisional credit amount will be mailed to you. Please note that the dispute resolution process may take up to a maximum of 120 days. If you have any questions, please contact Card Services at 407-228-7661 or 800-771-9411 ext. 2805 during the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

Please fax or mail the completed form, supporting documentation, and signed cardholder letter to:

**CFE Federal Credit Union
ATTN: Card Services
P.O. Box 958471
Lake Mary, FL 32795-8471**

Fax: 407-893-5128



Visa® Debit Card Cardholder Dispute Form

Cardholder Name: _____ Date: _____

Daytime Phone Number: _____ E-mail: _____

Visa® Card Number: _____

Transaction Date: _____ Merchant Name: _____

Transaction Amount: \$ _____ Disputed 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 box):

- 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 Transaction posted as a Debit in Error (*please provide copy of credit receipt*)
- Incorrect Transaction Amount (*please provide copy of receipt showing correct amount*)
- Quality of Goods or Services Dispute
- Other – please explain: _____

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

Cardholder Signature (*required*)

Date