



FEDERAL CREDIT UNION

School District 3 Federal Credit Union

VISA DEBIT CARD CARDHOLDER DISPUTE FORM

Cardholder Name _____ Date _____

Daytime Phone Number: _____ E-mail _____

Visa Card Number _____

If you believe your Card and/or PIN has been stolen, lost or misappropriated, and you tell us within two (2) business days after learning of such, you can lose no more than \$50.00 if someone effectuates a transaction using your Card without your authorization. If you DO NOT tell us within two (2) business days after you learn of the loss, theft or misappropriation of your Card and /or PIN if you had told us, you could lose as much as \$500.00. Furthermore, if your account statement shows a transaction that you did not make/authorize, TELL US AT ONCE. If you DO NOT tell us within sixty (60) days after the account statement was mailed to you, you may not receive any money lost after such sixty (60) if we can prove that we could have stopped someone from taking the money if you had told us in time. If a good reason (such as hospital stay) keeps you from informing us on an unauthorized transaction, we may extend relevant time periods.

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.

___ Cancellation of Merchandise (Must wait at least 30 days after merchandise was returned before you dispute.) or Services Dispute-Original Cancellation Date: _____

___ Return of Merchandise Dispute

___ Duplicate Transaction Dispute

___ Non-Receipt of Goods Dispute

___ Fraudulent Transaction

Please provide ALL of the following information regarding the transaction(s) being disputed.

Please complete and print additional forms if you are disputing more than three transactions.

Transaction #1 Transaction Amount: \$ _____ Date of Transaction ____/____/____

Merchant's Name: _____

Have you contacted the merchant? _____ YES _____ No

Transaction #2 Transaction Amount: \$ _____ Date of Transaction ____/____/____

Merchant's Name: _____

Have you contacted the merchant? _____ YES _____ No

Transaction #3 Transaction Amount: \$ _____ Date of Transaction ____/____/____

Merchant's Name: _____

Have you contacted the merchant? _____ YES _____ No

Describe in detail why the transaction is being disputed, and what you did to reconcile it.

Legal printed name _____

Signature _____ Date _____

MEMBER AWARE OF \$30.00 CHARGE BACK (IF CHARGE IS VALID) _____ (MEMBER INITIAL)

MSR _____