

School District 3 FCU Member

Dispute Expert Debit Card Dynamic Questionnaire

*** all questions must be answered by member making dispute ***

Member Name _____ Account # _____

Card # _____ Date Disputed(mm/dd/yy): _____

1. Did you participate in the transaction? _____ Yes _____ No

2. Have you ever done business with this merchant before?
(i.e., free trial, subscription)

_____ The cardholder does not recognize the charge.

_____ The cardholder recognizes the charge and wishes to dispute the transaction.

_____ After describing the merchant to the cardholder, the cardholder no longer disputes the transaction.

3. Is your card lost or stolen? _____ Yes _____ No

4. Do you know who may have used your card for this transaction?
_____ Yes _____ No

5. Is there any additional information you would like to provide?
_____ Yes _____ No

Additional Information:



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 learning of the loss, theft, or misappropriation of your card and/or PIN your loss can be as much as \$500.00. furthermore, if your account statement shows a transaction that you did not make/authorize, you must 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) days 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 your from informing us of 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.)

___ Services Dispute – Original Cancellation Date: _____

___ Return of Merchandise Dispute

___ Duplicate Transaction Dispute

___ Non-Receipt of Goods Dispute

___ Fraudulent Transaction Dispute

- 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 3 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(s) are being disputed, and what actions you took to try to reconcile it.

*** Member is aware of a \$30.00 charge back fee per item being disputed (if charges are proved valid)
_____ (member initials) ***

Legal Printed Name _____

Signature: _____ Date: _____

Additional Transactions

Transaction #4

Transaction Amount: \$ _____ Date of transaction ____/____/____

Merchant's Name: _____

Have you contacted the Merchant? ____ YES ____ NO

Transaction #5

Transaction Amount: \$ _____ Date of transaction ____/____/____

Merchant's Name: _____

Have you contacted the Merchant? ____ YES ____ NO

Transaction #6

Transaction Amount: \$ _____ Date of transaction ____/____/____

Merchant's Name: _____

Have you contacted the Merchant? ____ YES ____ NO

Transaction #7

Transaction Amount: \$ _____ Date of transaction ____/____/____

Merchant's Name: _____

Have you contacted the Merchant? ____ YES ____ NO

Transaction #8

Transaction Amount: \$ _____ Date of transaction ____/____/____

Merchant's Name: _____

Have you contacted the Merchant? ____ YES ____ NO

Transaction #9

Transaction Amount: \$ _____ Date of transaction ____/____/____

Merchant's Name: _____

Have you contacted the Merchant? ____ YES ____ NO