

Visa Card Transaction Dispute Form

A dispute occurs when you (“Cardholder”) have a disagreement with a merchant about a charge on your Visa Card. To report fraudulent or unauthorized transactions, or if your card was lost or stolen, call **800.562.5515** or visit a Salal branch as soon as possible.

MEMBER INFORMATION

Cardholder Name: _____ Member Number: _____

Credit Card Number (16 digits): _____ Cardholder Phone Number: _____

Email Address: _____ Merchant Name: _____

Amount Posted to Account: _____ Amount Disputed: _____ Date Posted to Account: _____

Disputing more than one item? Yes No If Yes, this is number _____ of _____ (e.g., 1 of 3) **Only one transaction per form.**

Signature: _____ Date: _____

FOR ALL DISPUTES

Note: For all disputes, you must make contact with the merchant directly in an attempt to resolve the charge.

Date merchant was contacted to attempt to resolve: _____

Merchant Response (for additional details use the bottom section on p. 2):

SELECT THE OPTION BELOW THAT BEST DESCRIBES YOUR DISPUTE (ONE DISPUTE PER FORM)

Non-receipt of merchandise

Contact the merchant and notify us of the outcome.

When did the Cardholder contact the merchant? _____ What was the expected delivery date? _____

Did the Cardholder cancel with the merchant? Yes No If Yes, when? _____

What merchandise was ordered? _____

Duplicate charge

The Cardholder certifies one transaction is valid, but posted more than once.

Valid Transaction Amount: _____ Post Date: _____

Invalid Transaction Amount: _____ Post Date: _____

Trial membership

Attach a copy of the **letter, email, or fax** informing the merchant of cancellation. In addition, provide proof of return (copy of receipt or tracking number).

Did Cardholder follow the merchant’s cancellation policy? Yes No Did you receive any product(s)? Yes No

Cancellation Date: _____ Cancellation Number: _____

Were you required to return any products? Yes No Did you return any products? Yes No

Return Merchandise Authorization (RMA) Number: _____

Cancellation

Attach a copy of the **letter, email, or fax** informing the merchant of cancellation.

Reason for cancellation: _____

Cancellation Date: _____ Cancellation Number: _____

Were you advised of a cancellation policy? Yes No If Yes, what were you told? _____

Overcharged for the purchase

Attach a copy of the **signed sales receipt or invoice** showing what you should have been charged.

Authorized Amount: _____ Amount charged / posted: _____

Credit did not post to my account AND it has been more than 15 days since the merchant promised credit

Attach a copy of the **dated credit slip or Notice of credit** from the merchant, including a detailed explanation of your dispute.

Returned merchandise

You must attempt to return the merchandise prior to raising this dispute. If these are counterfeit goods, refer to the **Service Dispute or Counterfeit Goods** section below for required documentation.

Attach the signed **proof of return or credit slip**.

What merchandise was ordered? _____

Date merchandise was received: _____

Reason for return: _____

Paid by other means

You must provide proof of paid by other means, such as a **copy of the cancelled check** (front and back), a **cash receipt**, or a **billing statement** from another credit card.

Service Dispute or Counterfeit Goods

Describe the nature of your dispute and your attempts at resolution with the merchant on a separate sheet of paper and attach it to this form. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts, or other supporting documentation.

ADDITIONAL DETAILS

To successfully process your dispute and recover funds from the merchant, use the space below to provide any additional details of the transaction and your contact with the merchant to recover funds directly (continue on separate piece of paper if needed):

Provide all the necessary information and documentation for the best chance of a successful dispute with Visa. Ensure that your contact information is current as we may need to contact you for additional details. Please note that additional documentation may be required to process your dispute. Though we may attempt to recover the funds on your behalf, Salal Credit Union does not guarantee that we will be able to recover your funds from the merchant. Return the completed and signed form to a Salal branch or use one of the following methods:
Fax: 206.834.8877 **Mail:** Salal Credit Union, Attn: Card Services, PO Box 75029, Seattle, WA 98175-0029

CREDIT UNION USE ONLY
TELLER # _____ BRANCH _____