

Notification of Disputed Debit Card Transaction



Granite State
Credit Union

PO Box 6420, Manchester, NH 03108
(603) 668-2221 • 800-645-4728 • gscu.org

Member Name _____

Debit Card # _____

Member Number _____

MERCHANDISE NOT AS DESCRIBED/DEFECTIVE *Form must be completed in its entirety to process dispute.*

ATTEMPT TO RESOLVE

IMPORTANT: You must attempt to resolve with the merchant prior to filing a dispute per Visa® regulations.

Date of Last Contact With Merchant

Merchant Contact Name

Merchant Response

Merchant Was Contacted By (check all that apply): Phone eMail** Letter** Person

****Please provide copies of e-mails and letters sent to the merchant and any responses received from the merchant.**

Please describe your attempt to resolve this dispute with the merchant (use back side if necessary):

DESCRIPTION OF TRANSACTION

Transaction Date

Settlement Date

Merchant Name

Transaction Amount

Merchandise Purchased

Reason for Dispute (check one): Merchandise Not As Described* Merchandise Defective

***Please provide paperwork showing that what was received did not match the merchant's description of the merchandise.**

Description of Merchandise:

Details as to why the merchandise was not as described or the difference between what was ordered and what was received:

If merchandise was returned, complete the following:

Date Returned

Date Delivered

Return Merchandise Authorization #

Shipping Company Name

Shipping/Tracking #

Address Shipped To

Person Who Signed For Package

If merchandise was not returned, please provide an explanation:

Signature

Date

OFFICE USE ONLY

Date: _____

MS Initials: _____