

Notification of Disputed Debit Card Transaction

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



Member Name _____

Debit Card # _____

Member Number _____

MERCHANDISE/SERVICES CANCELED *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

Item Purchased (check one): Merchandise Service Other

Description of Merchandise/Service/Other: _____

Date of Cancellation: _____ Method of Cancellation (choose one): Phone eMail (provide copy) Letter (provide copy)

Travel and/or Entertainment Cancellation Numbers (REQUIRED): _____

Reason for Cancellation: _____

If merchandise was received:

Date of Receipt _____

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

Signature **Date**

OFFICE USE ONLY

Date: _____ MS Initials: _____