

**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 NOT RECEIVED** *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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Expected Receipt: \_\_\_\_\_

If merchandise/service was canceled due to non-receipt: \_\_\_\_\_

Date of Cancellation \_\_\_\_\_      Cancellation Number \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

Date: \_\_\_\_\_

MS Initials: \_\_\_\_\_