

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 _____

NOT ELSEWHERE CLASSIFIED *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

For fraudulent transactions, merchandise not as described/defective, merchandise/services canceled, or merchandise/services not received, please use appropriate form.

Transaction Date

Settlement Date

Merchant Name

Transaction Amount

REASON FOR DISPUTE *Please check one.*

- The charge(s) was/were paid by another method.
Required Documentation: Include a copy of the canceled check, cash/credit card receipt or other payment instrument.
- I have been billed multiple times for the same purchase. The original charge posted to my account on: _____
Please provide a copy of your account statement showing the multiple purchases.
- The amount signed for on the sales draft differs from the amount the merchant posted to my account. _____
Please provide a copy of your sales draft showing the amount authorized.

Signature

Date

OFFICE USE ONLY

Date: _____

MS Initials: _____