



411 Theodore Fremd Ave • Rye, NY 10580 -1426 • 800.431.2754 • USALLIANCE.ORG

# VISA Debit Card Dispute/Fraud Form

Please return this form to the Credit Union within seven days to address above or dispute rights may be forfeited. You may also fax this form to (914) 462-3530, Attention: EFT Department

| Please Clearly Print All Information |                         |
|--------------------------------------|-------------------------|
| Cardholder Name                      | Cardholder Phone Number |
| Card Number (16-Digit Card Number)   | Checking Account Number |
| Cardholder Email Address             |                         |

## Before disputing any charges, you must make every effort to resolve the dispute with the merchant.

List transaction(s). Use a separate sheet of paper if needed.

| Transaction Date | Amount | Merchant Name |
|------------------|--------|---------------|
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |
|                  |        |               |

**SELECT ISSUE (CHECK ONLY ONE)**

**I was billed twice for a single purchase**  
*You certify one transaction is valid, but posted more than once.*

Valid Transaction \$ \_\_\_\_\_ Post Date \_\_\_\_\_  
 Invalid Transaction \$ \_\_\_\_\_ Post Date \_\_\_\_\_

**Membership cancellation**  
*Please enclose copy of the correspondence informing the merchant of cancellation.*

When did you contact merchant? (mm/dd/yy) \_\_\_\_\_ Date of cancellation \_\_\_\_\_  
 Cancellation #: \_\_\_\_\_

**I was overcharged for the purchase**  
*Please include a copy of the signed sales receipt.*

I should have been charged \$ \_\_\_\_\_.

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

**I did not receive the merchandise**  
*Please contact the merchant first.*

What was the expected delivery date? \_\_\_\_\_  
When did you contact the merchant? \_\_\_\_\_  
What was the outcome of the merchant contact? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My credit / refund posted as a sale.**

**Merchandise was returned**  
*Please attach signed proof of return or credit slip.*

Date returned \_\_\_\_\_

**A credit did not post to my account**  
*Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.*

My credit should have posted on \_\_\_\_\_ in the amount of \$\_\_\_\_\_.\_\_\_\_\_.

**I was charged for a hotel room, which I cancelled**  
*Cancellation number is required.*

Cancellation number: \_\_\_\_\_ (REQUIRED) Cancel date: \_\_\_\_\_

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

**I did not authorize this charge**  
*I have no relationship with this merchant. I certify that I did not authorize or participate in this transaction with the above -mentioned merchant, nor did I authorize anyone else to use my card. **Your card's status will be deemed "lost/stolen" to prevent additional unauthorized charges. A new card will be ordered for you with a new card number.***

### Disclosure Agreement and Authorization

By signing below, I make this affidavit voluntarily. I state that I have carefully examined my checking and/or savings statement(s) and find that the above described transaction(s) were not processed as requested by me, nor did I receive benefit or proceeds from the transaction(s). I swear this affidavit is true and understand that, ALL VIDEO TAPES OF THE TRANSACTIONS WILL BE TURNED OVER TO POLICE, AND willful violations of the Federal Electronic Funds Transfer Act Regulation E carry criminal penalties, and conviction for fraudulent use of EFT services carries a \$10,000.00 fine and a 10-year jail term. I further state that the signature below is my own proper signature. I declare under penalty of perjury that the foregoing is true and correct to the best of my ability.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date