



Cardholder Dispute Form (VISA Credit or Debit Card)

This *Cardholder Dispute Form* should be completed if you have initiated a credit card or debit card transaction with a merchant and are now disputing the transaction. **The cardholding member must be the person who completes this form.**

Instructions:

1. Complete this form. We cannot process your case until we have received all of the required information and/or documentation. Required fields are marked with an asterisk (*).
2. Submit this form and all supporting documentation to Summit Credit Union.
 - Deliver to any branch or
 - Fax to **608-243-5029** Attn: Operations Support or
 - Mail to Summit Credit Union
PO Box 8046
Madison, WI 53708

Time Frames:

Debit Cards: Debit card disputes fall under Federal Regulation E, which states that we are allowed 10 business days to investigate a dispute claim to determine if provisional credit is warranted. If we determine there is recourse through Visa, you will receive provisional credit within 10 business days. If a provisional credit is not warranted or if all required information has not been provided, we will contact you within 10 business days.

Credit Cards: Credit Card disputes fall under Federal Regulation Z. Your claim will be investigated to determine if there is recourse through Visa within 14 business days of receipt of your dispute. If it is determined that the dispute is valid, the disputed transaction amount will be placed in a dispute status, which will withhold the disputed amount from the payment due and from being assessed finance charges while the dispute is being processed. Within 14 business days, your dispute will be reviewed and one of the following actions will occur: you will be contacted for additional information, a copy of the sales receipt will be requested from the merchant, the case will be closed for no recourse, or the transaction will be returned to the merchant per Visa Regulations and you will be issued credit. You will receive written notification of the action being taken on your claim.

*Name:

*Card number:

*Day Phone:

E-Mail:

*Transaction date:

*Merchant name:

*Transaction amount: \$

*Dispute amount: \$

I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT

*Cardholder signature

*Date

- Visa requires that you first attempt to resolve the dispute directly with the merchant before submitting the dispute. The attempt to resolve must be after the charge has posted.
- This form must be received by Summit Credit Union with sixty (60) days of the transaction date as printed on your statement.
- The required fields per dispute type are marked with an asterisk (*). We are unable to process your dispute unless all required information and/or documentation is provided.
- Please check one appropriate box below that most closely matches your dispute type.
- Please provide as much detail as possible and attach a separate sheet with any supporting documents if more space is needed for your explanation.

* Denotes required information for the dispute.

Summit Credit Union

Cancellation (recurring transaction, i.e., subscription, membership, policy)

Were you advised of any cancellation policy? yes no (if yes, explain below)

* Date cancelled with merchant: _____ (cannot be used as attempt to resolve date)

*Cancelled by means of: phone (spoke with _____) e-mail (provide copy)

* Cancellation number:

* Describe your attempt to resolve with the merchant & the date(s) of contact:

Cancellation (hotel reservation)

Were you advised of any cancellation policy? yes no (if yes, explain below)

* Date cancelled with merchant: _____ (cannot be used as attempt to resolve date)

*Cancelled by means of: phone (spoke with _____) e-mail (provide copy)

* Cancellation number:

* Describe your attempt to resolve with the merchant & the date(s) of contact:

Returned merchandise dispute

* Date returned: _____ Date received by merchant: _____

If return was by mail, Return Merchandise Authorization Number (RMA):

* Shipping Company: _____ Tracking number: _____

* Reason for return:

If you have a credit slip, voucher or a refund acknowledgement that has not posted please provide:

* Date of credit slip: _____ Invoice/receipt number of the credit: _____

* Describe your attempt to resolve with the merchant & the date(s) of contact:

I was charged multiple times for the same transaction

* Date of first charge: _____ * Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

* Describe your attempt to resolve with the merchant & the date(s) of contact:

Incorrect transaction amount

* The amount of this transaction posted for \$ _____ but should have posted for \$ _____
Note: You must supply a copy of your receipt showing the correct amount.

* Describe your attempt to resolve with the merchant & the date(s) of contact:

Non-receipt of goods or services

Merchandise or services not received. Expected delivery date:

Merchant unwilling or unable to provide service.

* Describe your attempt to resolve with the merchant & the date(s) of contact:

Paid for goods or services by other means

check cash other Bank Card Other:

* Describe your attempt to resolve with the merchant & the date(s) of contact:

Note: You must supply a copy of proof of other means of payment. Proof can include a copy of the front and back of a canceled check, a cash receipt or another Bank Card statement.

A credit transaction posted as a debit in error

* A credit transaction for \$ _____ was posted to my account as a debit transaction.

Note: You must supply a copy of the credit receipt received from the merchant.

* Describe your attempt to resolve with the merchant & the date(s) of contact:

Other (do not choose this option for unauthorized transactions. If someone used your credit card or debit card to make transactions without your knowledge or permission, an Affidavit of Fraud must be completed. The card must be closed to prevent additional fraud from occurring).