Visa Debit Card Dispute Letter

Date:		New card ordered?
Cardholder Name:		
Card Number:		_
Posting Date: Dis	sputed Amount:	
Merchant Name/ Location:		
please provide the information requested below	. Please sign this form and ret we may be limited in our abili	ve. By law we are required to report your dispute in writing. To do this, urn it to the bank as soon as possible. You must select a statement ty to assist you. A written letter from the cardholder may replace this ler letter.
Unauthorized Transaction:	A transaction appeare	d on my account that I did not authorize, participate in or benefit from.
Date card was closed:(MMDDYY)	Was card in customers p	
If yes; when:(MMDDYY)	Did cardholder ever pan Did cardholder contact t	icipate in valid transaction from this merchant? he merchant?
If Yes, please note details:		
Lost / Stolen Cards: My	card was	AND I did not authorize participate or
	t from this transaction.	itused on : (MMDDYY)
Was a police report filed? : if yes		
		I never received. I ordered:
And expected delivery to be on :	l contacte	dat merchant
on this date(MMDDYY)	and was told :	
Credit Not Processed: returned	ed merchandise and the mercl	nant has not processed the credit.
Date returned(MMDDYY)	Returned via:	Credit receipt attached:
Shipping/ Tracking number:trackable method for proper accounting.	NOTE: Mercha	ndise must be returned according to merchant instructions and sent via
Cancelled: I cancelled	. A credit wa	s promised but has not been issued.
Date cancelled: (MMDDYY)	Spoke with:	Cancellation #:
Note: cancellations for Hotels, Cruise Lines and	Rental cars require a cancella	ation number to process dispute.
Not as Described: I was charg What was purchased:	ed for merchandise / services	which were not the same as described to me at the time of purchase.
	d actual receipt and provide do	ocuments to substantiate:
Date Cardholder contacted merchant (REQUIRI	ED):_(MMDDYY)	Spoke with:
Other:		
I certify that the information provided is accurate to the best of my ability.		
Cardholder Signature:		Telephone # :
Branch:	Associate Name:	Date: