

VISA® CREDIT CARDHOLDER DISPUTE NOTIFICATION



Please provide all required information and documentation for the best chance of a successful dispute with Visa. We may need to contact you for additional information, please ensure that your contact information is current.

All fields are required unless otherwise noted.

CREDIT CARD NUMBER (16-digits)	CARDHOLDER NAME	CARDHOLDER PHONE NUMBER	BECU USE ONLY Person #
EMAIL ADDRESS (optional)		MERCHANT NAME	
AMOUNT POSTED TO ACCOUNT	AMOUNT DISPUTED	POST DATE	
Disputing more than one item? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, this is number _____ of _____ (e.g., 1 of 3) <i>Only one transaction per form</i>			
SIGNATURE			DATE

For all disputes:

Date merchant was contacted to attempt to resolve: _____

Merchant response: _____

If this was for a hotel room, did you request a reservation? Yes No

If Yes, this is NOT an unauthorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed below.

Select the option below that best describes your dispute (one dispute per form).

Please note: For all disputes, you must make contact with the merchant directly in an attempt to resolve the charge.

Non-receipt of merchandise. Please contact the merchant and notify us of the outcome.

When did the Cardholder contact the merchant? _____

What was the outcome of the merchant contact? _____

What was the expected delivery date? _____ Pickup Date: _____

Did the Cardholder cancel with the merchant? Yes No If Yes, when? _____

What merchandise was ordered? _____

Duplicate charge. The Cardholder certifies one transaction is valid, but posted more than once.

Valid Transaction Amount: _____ Post Date: _____

Invalid Transaction Amount: _____ Post Date: _____

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

Trial membership.

Please enclose: Copy of the **letter, email, or fax** informing the merchant of cancellation

Did you follow the merchant's cancellation? Yes No Did you receive any product(s)? Yes No

Cancellation Date: _____ Cancellation Number: _____

Were you required to return any products? Yes No Did you return any product(s)? Yes No

RMA Number (return merchandise authorization): _____

Proof of return: Provide a copy of the receipt or tracking number.

