

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <i>For all disputes, you must make contact with the merchant directly in an attempt to resolve the charge.</i>			
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ What merchandise was ordered? _____			
<input type="checkbox"/> Duplicate charge. The Cardholder certifies one transaction is valid, but posted more than once. Valid Transaction Amount: _____ Post Date: _____ Invalid Transaction Amount: _____ Post Date: _____			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Trial membership. <input type="checkbox"/> Please enclose: Copy of the letter, email, or fax informing the merchant of cancellation Did you follow the merchant's cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive any product(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Cancellation Date: _____ Cancellation Number: _____ Were you required to return any products? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you return any product(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No RMA Number (return merchandise authorization): _____ Proof of return: Provide a copy of the receipt or tracking number.			

