



## Complete and Return Immediately

### Visa Credit Card Transaction Dispute Form

Last four digits of your Visa credit card number: \_\_\_\_\_

Dispute (Billing Error) Reasons (please select only one reason):

|  |  |
|--|--|
| <input type="checkbox"/> <b>1. MERCHANDISE NOT RECEIVED:</b><br>I have contacted the merchant to request a credit for the merchandise but have not been successful.  | Expected date of receipt: _____<br>Date Merchant contacted: _____<br>Merchant reason for non-delivery: _____   |
| <input type="checkbox"/> <b>2. SERVICES NOT RECEIVED:</b><br>I contacted the merchant receive the service or a credit, but have not been successful.   | Expected date of service: _____<br>Date Merchant contacted: _____<br>Merchant reason for non-delivery of service: _____  |
| <input type="checkbox"/> <b>3. CANCELED TRANSACTION:</b><br>I notified the merchant to cancel this charge, service, or reservation.<br><br>(Please provide any supporting documentation and the cancellation number.)  | Was this a recurring transaction? _____<br>Date transaction was canceled: _____<br>Cancellation number: _____<br>Reason for cancellation: _____  |
| <input type="checkbox"/> <b>4. MERCHANT CREDIT NOT RECEIVED / MERCHANDISE RETURNED:</b><br>I contacted the merchant to confirm the receipt of the merchandise (if applicable) and processing of my credit.<br><b>Enclosed is a copy of my credit slip or signed return receipt.</b>  | Date merchandise was returned: _____<br>Return authorization number: _____   |
| <input type="checkbox"/> <b>5. DEFECTIVE OR DAMEGED MERCHANDISE:</b><br>I have shipped the merchandise back to the merchant but have not received credit. <b>Enclosed is a copy of the signed return receipt.</b>  | Date merchandise was returned: _____<br>Date merchant contacted: _____<br>Tracking number (if applicable): _____   |
| <input type="checkbox"/> <b>6. DOUBLE OR MULTIPLE CHARGES:</b><br>I contacted the merchant. I have been unsuccessful in trying to resolve this issue.  | Date merchant contacted: _____<br><br>Enclosed is a copy of my sales receipt or contract showing the correct amount of sale.   |
| <input type="checkbox"/> <b>7. CREDIT APPEARS AS CHARGE:</b><br>A credit appeared as a charge on my statement.   | Enclosed is a copy of the Credit Slip.   |
| <input type="checkbox"/> <b>8. PAID BY CHECK / CASH / OTHER CREDIT CARD:</b><br>I contacted the merchant and have been unsuccessful in trying to resolve this issue.   | Enclosed is a copy of the canceled check (front & back), cash receipt, other credit card statement or other proof.   |
| <input type="checkbox"/> <b>9. AMOUNT OF CHARGE INCREASED AFTER SALE:</b><br>The amount entered on the sales slip was different than the amount I was billed.  | Amount Billed: \$ _____<br>Sales amount: \$ _____  |
| <input type="checkbox"/> <b>10. QUALITY OF GOODS OR SERVICES / NOT AS DESCRIBED:</b><br>I contacted the merchant and I have been unsuccessful in trying to resolve this issue.   | Date merchant contacted: _____<br>Merchant's response: _____<br><br>Enclosed is documentation detailing the merchandise or service agreement, including copies of the initial sales contract, invoice, etc   |
| <input type="checkbox"/> <b>11. DO NOT RECOGNIZE CHARGE:</b><br>I do not recognize this charge. Please send me any information to identify this charge, such as a copy of the sales slip or any other detailed merchant information. By checking this box, I acknowledge that you may close my existing account and issue a new account number to prevent unauthorized activity. | Please keep in mind that sometimes merchants bill under different names or locations. Please review your charge slips and check with other members of your household to see if you can identify this charge. |

**Note:** Please include any supporting documentation that will help us to better assist you. To preserve your billing error rights, we must **receive** this form and/or a letter if you so choose **no later than 60 days** after we sent you the first statement on which the error or problem occurred.

The above information is true and complete to the best of my knowledge:

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If additional information is required, call me at ( ) \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_

**Please return this dispute form and/or letter to: Cards Risk Management Team**

**Mail: P.O. Box 10409, Des Moines, Iowa 50306**

**Fax: (515) 457-2074**

**e-mail: [risk@themembersgroup.com](mailto:risk@themembersgroup.com)**

Please keep a copy of this form for your records.