

## **Visa Debit Cardholder Dispute Form**

Before disputing a charge with Global 1 Federal Credit Union, you must make an effort to resolve the dispute with the merchant.

This form is to be completed only if the disputed Visa debit card transaction was initiated by the cardholder. If the card is lost or was stolen or if the transaction was initiated without the cardholder's knowledge or consent, the card will need to be deactivated. Please complete an Affidavit of Unauthorized Use instead of this form.

Member number	Name	
Daytime phone ( )	E-mail address	@
Merchant	Disputed amount \$	Transaction date/
	Reason for Dispute	<b>:</b>
I do not recognize the charthe card.	ge. You may need to complete an Aff	fidavit of Unauthorized Use and deactivate
Duplicate transaction. The authorized.	transaction was posted two or more to	imes to the account. Only one charge was
	<u> </u>	Credit did not post to my account transaction receipt for the above reasons.
On what date did you co	Please enclose a copy of the letter, e-rontact the merchant to cancel?/_ membership?	/ Cancellation #
•	rancellation policy? Yes annual Yes annual Yes	No
• What was ordered?	I. Please attach proof of return or cred What itable for the purpose intended?	t was received? Yes

<ul> <li>I did not receive the merchandise.</li> <li>What was the expected delivery or pickup date?/</li></ul>			
• Cancellation number ( <b>required</b> ) Cancellation date/			
Quality of service dispute or other. Using the space below or on an attached sheet of paper, please describe your dispute and your attempts to resolve the matter with the merchant. Please include supporting documentation, such as repair bills, contracts, or copies of neutral third-party opinions from a certified merchant written on his or her invoice or letterhead.			
Have you tried to contact the merchant to resolve the problem? Yes \Boxed No \Boxed			
If yes, date merchant was contacted/ Name of representative			
What was the outcome of your contact?			
Please sign this form to prevent any delay in processing. Thank you!			

Fax completed form to Credit Services: (856) 320-4709, or

Mail completed form to Credit Services: 7512 Maple Avenue, Pennsauken, NJ 08109

Questions? Please call (856) 320-4706