



## VISA DEBIT CARD DISPUTES

*You must complete all 3 sections.*

### **Section 1:**

Member Name: \_\_\_\_\_

Member #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

VISA Debit Card #: \_\_\_\_\_

### **Section 2:**

Please list transaction(s) you would like to dispute:

DATE OF TRANSACTION	COMPANY/MERCHANT NAME	AMOUNT

### **Section 3:**

Please provide a detailed explanation for reason of dispute:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date