



CARDHOLDER DISPUTE FORM

Name
Address
Phone number
Credit Union Account Number
Visa Check Card Number

I did not authorize this transaction:

Transaction Date _____ Transaction Amount _____

Merchant Name _____

I was charged twice for the same transaction:

First Transaction Date _____ Transaction Amount _____

Second Transaction Date _____

Merchant Name _____

This transaction took place at an ATM machine and

I was charged but did not receive the funds

I received incorrect/partial funds

Transaction Date _____ Transaction Amount _____

Merchant Name _____ Merchant Location _____

The card was in my possession. Or **The card was not in my possession.**

Signature: _____ **Date:** _____