



449 Eisenhower Blvd. Ste. 200
Harrisburg, PA 17111
Phone: (Harrisburg) 717-232-3526 or (Toll Free) 800-642-4482

Dear Cardholder:

To follow up on your recent inquiry regarding an item(s) on your Visa statement, we will need you to complete and return the attached document within 10 days.

Complete the required fields outlined below. Missing information will be returned to the cardholder for review and correction.

- Cardholder Name
- Card Number – list the last 8 digits ONLY
- Transaction Date
- Merchant Name
- Transaction Amount (a form must be completed for each dollar amount disputed for VISA to review)
- Dispute Amount
- Cardholder signature (written and electronic signatures are accepted)
- Date

VISA requires **ONLY ONE** scenario be checked from the below ten outlined. The Cardholder must select the best appropriate reason for the dispute. **ONLY ONE** scenario must be checked, even if multiple scenarios may apply. The form will be returned for review to the member if more than one is checked.

The selected best scenario must have specific information related to the reason. VISA encourages any receipts, emails, or any correspondences between the company be provided to support the dispute.

Supporting documentation can be emailed to Finance@belco.org and must have name and last 4 digits of your card number listed on the supporting documents.

The Finance Support team requires a valid email address and phone number for future contact with this dispute. Please complete EMAIL: _____ PHONE: _____

NOTE: The Credit Union may reverse credits based on the final outcome of your case filed.

Future questions please call (717) 232-3526 or (800) 642-4482. Thank you in advance for your cooperation in this matter. Finance Support Department

CARDHOLDER DISPUTE FORM

Cardholder Name _____

Card Number _____

Transaction Date _____ Merchant Name _____

Transaction Amount \$ _____ Dispute Amount \$ _____

Cardholder Signature_____
Date**Please check the appropriate box below that matches your dispute type the closest.**

Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions below.

The required fields per dispute type are marked with an asterisk (*). Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.**CARD RULES GOVERNING THESE DISPUTES REQUIRE THAT YOU ATTEMPT TO RESOLVE YOUR DISPUTE WITH THE MERCHANT BEFORE COMPLETING THIS FORM. YOU MUST INCLUDE THE EVIDENCE OF YOUR ATTEMPT AND A DETAILED ACCOUNT OF THE SITUATION AS TO WHY THE MERCHANT WAS UNWILLING OR UNABLE TO RESOLVE THE ISSUE.** **Cancellation dispute**Were you advised of any cancellation policy? yes no (if yes, explain below) _____

* Date of cancellation: _____ Spoke with: _____

* Cancellation number: _____

* Reason for cancellation: _____

*Describe your attempt to resolve with the merchant: _____

 Returned merchandise dispute

* Date returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Authorization Number (RMA): _____

* Shipping Company: _____ Tracking number: _____

* Reason for return: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

* Date of credit slip: _____ Invoice/receipt number of the credit: _____

* Did the merchant refuse to accept returned merchandise or provide a return authorization?

*Select One:

- Merchant refused to provide return authorization
- Merchant refused to accept returned merchandise
- Merchant informed you not to return the merchandise

*Describe your attempt to resolve with the merchant: _____

I was charged two or more times for the same transaction

Date of first charge: _____ Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

*Describe your attempt to resolve with the merchant: _____

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it

Transaction reference number: _____

Select One:

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one of those attempts

Other: _____

I paid for these goods or services by other means

Check Cash Other Bank Card Other: _____

* Describe your attempt to resolve with the merchant: _____

*Note: if selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

Non-receipt of goods or services

* Merchandise not received Service not received

* Describe in detail what service or merchandise was ordered: _____

* I expected delivery/services on (date): _____

* Merchant unwilling or unable to provide service: yes no (if yes, explain) _____

*Describe your attempt to resolve with the merchant. _____

* Merchant Response: _____

* If no merchant response, explain: _____

A credit transaction posted as a debit in error

* A credit for \$ _____ was posted to my account as a debit.

- You must supply a copy of the credit receipt received from the merchant.

* Describe your attempt to resolve with the merchant: _____

Incorrect transaction amount

* The amount of this transaction posted for \$ _____ but should have posted for \$ _____

- If available please supply a copy of your receipt.

*Describe your attempt to resolve with the merchant: _____

Quality of services or goods, defective merchandise or not as described

*Select One:

Merchandise was defective or not as described

Service was defective or not as described

*Describe the difference between what was ordered and what was received or provide copy of written purchase order. Describe what was defective or why the purchase was unsuitable for your needs. _____

*Date I received merchandise or service _____

*Date merchandise returned: _____ Date received by merchant: _____

- If mailed, Return Merchandise Auth. #: _____
* Shipping Company: _____ Tracking number: _____

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute.

*Date services cancelled: _____ How? _____

*Did the merchant refuse to accept returned merchandise or provide a return authorization?

*Select One:

- Merchant refused to provide return authorization
- Merchant refused to accept returned merchandise
- Merchant informed you not to return the merchandise

*Describe your attempt to resolve with the merchant: _____

Deposit performed but not processed, or processed incorrectly

You participated in the transaction, but did not receive the funds or did not receive the correct amount of funds. (Dispute amount is limited to the amount of funds not received.)

Transaction reference number: _____ * Date of transaction: _____

- Did not receive funds
I made a single attempt to deposit \$ _____ and did not receive the funds
- Did not receive the correct amount of funds
I made a single attempt to deposit \$ _____ and received a partial amount of \$ _____

Additional information: Please use an additional sheet of paper, if necessary

* (asterisk) Denotes required information for the dispute

For Institution Use Only

No documentation received for deposit return item

Issuer did not receive returned item documentation within 10 calendar days of returned item adjustment transaction date

Transaction reference number _____ * Date of transaction _____

Deposit Dispute, invalid adjustment

A Deposit Adjustment is disputed by the Cardholder or Issuer. Please provide details for the checked item below.

***Select one:**

Adjustment contains invalid data such as:

- Incorrect account number
- Non-matching account number

Cardholder disputes validity of Adjustment due to the amount of the Adjustment, or original Transaction was cancelled and reversed

Adjustment processed beyond 45 days from Transaction Date

Adjustment processed more than once

* (asterisk) Denotes required information for the dispute