VISA® DEBIT/CREDIT CARD CARDHOLDER DISPUTE FORM INSTRUCTIONS FORM



2625 Corporate Place, Monterey Park, CA 91754-7645 Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831 323-268-1226, 800-222-1226, Fax: 323-269-6607, www.fafcu.org

***This fo	orm should	d not be	used fo	r fraudul	ent transactions**

Member Name and Address:		

Please complete and return the following form:

Important Things to Know:

- > Your first step in disputing a purchase is to contact the merchant directly to resolve the dispute.
- > If you have already contacted the merchant and this contact was unsuccessful in resolving your dispute, F&A will attempt to assist you in a resolution. Please complete the attached form, sign it and mail it to the address listed below. The letter should include a DETAILED EXPLANATION of the transaction(s) AND the steps taken to resolve this matter with the merchant.
- > When completing the form, include supporting documentation that may be helpful in resolving your dispute. This documentation should include, but not limited to: date, time and with whom you spoke to, cancellation number (if applicable) and any details of your communications.
- > If the merchant has agreed to credit back the purchase amount, the credit could take as long as 30-days to reflect on your account.

We may require additional information from you once we begin our investigation. F&A Federal Credit Union will issue a provisional credit no later than 5 business days after you have provided all required documentation.

A letter confirming the provisional credit amount will be mailed to you. Please note that the dispute resolution process may take up to a maximum of 120 days. If you have any questions, please contact us at 800-222-1226 during the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday and on Wednesdays from 9:00 a.m. to 5:00 p.m.

Please fax or mail the completed form and supporting documentation to:

F&A Federal Credit Union ATTN: Electronic Services P.O. Box 30831 Los Angeles, CA 90030-9972

Fax: 323-269-6607

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Member Name and Address:		Daytime Phone Number:		Member Number:	
		Email:		Date:	
Merchant Name:	Trans	saction Date:	Transact	tion Amount:	
Visa® Debit/Credit Card Number:	Dispu	ute Amount:			
Action Taken					
Visa® regulation states that before a charge may be disp discrepancy with the merchant. Please attach any slips, helpful in resolving your dispute.					
Date of first attempt to reconcile with merchant:					
Contact made by: \square Phone \square E-mail \square Other, please exp					
Merchants Response:					
Reason for Dispute (please check the appropriate reason):					
☐ Cancellation of Merchandise or Services Dispute – Orig	inal Cancellati	on Date:			
\square Return of Merchandise Dispute					
☐ Duplicate Transaction Dispute					
$\ \square$ Paid by Other Means Dispute (please provide copy of re	eceipt)				
☐ Non-Receipt of Goods or Services					
☐ Credit Posted as a Charge (please provide copy of cred	lit receipt)				
☐ Incorrect Transaction Amount (please provide copy of re	eceipt showing	g correct amount)			
☐ Quality of Goods or Services Dispute – please explain b	pelow				
☐ Other – please explain:					
Describe in detail why the transaction is being disputed (att	tach additional	l sheets if necessary)	:		
				·	
Member Signature (required):			ate:		