

VISA® DEBIT/CREDIT CARD CARDHOLDER DISPUTE FORM INSTRUCTIONS FORM



**F&A Federal
Credit Union**

For Them it's Business.
For Us it's Personal.

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 form should not be used for fraudulent 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:	Transaction Date:	Transaction Amount:
Visa® Debit/Credit Card Number:	Dispute Amount:	

Action Taken

Visa® regulation states that before a charge may be disputed it is the member's responsibility to try to resolve the discrepancy with the merchant. Please attach any slips, correspondence or supporting documentation that may be helpful in resolving your dispute.

Date of first attempt to reconcile with merchant: _____

Contact made by: Phone E-mail Other, please explain: _____

Merchants Response: _____

Reason for Dispute (please check the appropriate reason):

- Cancellation of Merchandise or Services Dispute – Original Cancellation Date: _____
- Return of Merchandise Dispute
- Duplicate Transaction Dispute
- Paid by Other Means Dispute (please provide copy of receipt)
- Non-Receipt of Goods or Services
- Credit Posted as a Charge (please provide copy of credit receipt)
- Incorrect Transaction Amount (please provide copy of receipt showing correct amount)
- Quality of Goods or Services Dispute – please explain below
- Other – please explain: _____

Describe in detail why the transaction is being disputed (attach additional sheets if necessary):

Member Signature (required):	Date:
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