



Cardholder Dispute / Non-Fraudulent Transactions

Cardholders must complete this form to dispute Visa Check Card or ATM card transactions. Attach a written explanation if you need more space or if none of the dispute reasons below corresponds to your situation. Once complete, return this form along with any supporting documents, so we may begin processing your dispute. Please be aware that it may take up to ten (10) business days from when your form is received to provide you with provisional credit. If you have questions, please call (520) 794-8341 or (800) 253-8245.

LOST, STOLEN, OR COMPROMISED CARDS: You will need to complete the Fraud Affidavit. This is not the correct form to dispute fraudulent transactions. This form is strictly to dispute transactions that you authorized, however, you are disputing the outcome.

Note: A card number has been “compromised” when the card has been used without your authorization *and* the card is still in your possession.

ALL OTHER DISPUTES:

Step 1: Your Information (please print)

Name:	_____	Day Phone	_____	Membership #:	_____
Address:	_____				
City:	_____	State:	_____	Zip:	_____
E-mail Address:	_____				
Card Number:	_____				

Step 2: Merchant Information

Merchant Name:	_____	Date Transaction posted:	_____
Transaction Amount:	\$ _____	Dispute Amount:	\$ _____

Step 3: Dispute Reason

Please read through all dispute reasons. Choose the one that most closely matches your dispute reason. Check the box, then complete all required fields marked with an asterisk(*).

- ATM -Cash not received or Point of Sale Transaction Denied (member did not get merchandise)**
 - I made a single attempt and did not receive cash/merchandise.
 - I made multiple attempts and only received cash on one of those attempts.
 - I made multiple attempts and did not receive cash/merchandise.

Explanation: _____

2. **Duplicate Charge**
 *Date of 1st Charge _____ *Date of 2nd Charge _____
 Date of 3rd Charge _____ Date of 4th Charge _____

3. **Paid For Goods By Other Means**
 Check Cash Another Card Other: _____
 Explanation: _____

4. **Incorrect Transaction Amount**
 *The amount of the transaction posted for \$ _____ but should have posted for \$ _____
Required: Attach a copy of the receipt showing the correct amount.

5. **Credit Transaction Posted as Debit**
 A credit for _____ posted to my account as a debit.
Required: Attach a copy of the credit receipt from the merchant.

6. **Cancellation Dispute**
 Were you advised of a cancellation policy? Yes No
 If yes, please explain: _____

 *Date of cancellation: _____ Spoke with: _____
 Cancellation number: _____ Reason: _____
 I cancelled this recurring transaction with the merchant on: _____
 How: _____

7. **Non-Receipt of Goods or Services**
 What was ordered?
 Tickets/merchandise not received. Expected delivery date: _____
 Merchant unwilling or unable to provide service.
 *Describe your attempts to resolve the issue with the merchant on separate sheet of paper.
 How were attempts to contact merchant made? Phone Mail E-mail
 If by phone, with whom did you speak? _____ Date: _____
 Merchant's response: _____

 *If by mail or e-mail, please provide copies of all correspondence.
 Not able to make contact with the merchant.

8. **Quality of Services or Goods Dispute**

What was ordered? _____

*Describe the difference between what was ordered and what was received. In what way were the goods defective or unsuitable for your needs? _____

Describe your attempts to resolve the issue with the merchant: _____

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

*If mailed or shipped, provide copy of mailing/shipping receipt

*If you have a credit receipt, voucher, or refund acknowledgement that has not posted, please provide: Date of credit: _____ Invoice/receipt number: _____

9. **Returned Merchandise Dispute**

*Date merchandise was returned: _____ Date Merchant Received: _____

*If mailed or shipped, provide copy of mailing/shipping receipt

*If you have a credit receipt, voucher, or refund acknowledgement that has not posted, please provide: Date of credit: _____ Invoice/receipt number: _____

Describe your attempts to resolve the issue with the merchant: _____

10. **Other: Attach additional pages if necessary.**

Step 4: Signature

I certify, under penalty of perjury, that the above information is true and to the best of my knowledge.

Your signature: _____ Date: _____

Step 5: Notary

State of: _____ County of: _____

Subscribed and sworn before me

On this _____ day of _____ 20 _____

Signature: _____

My commission expires on: _____

Employee completing affidavits: _____ Operator # _____ Date: _____