



395 N. Giant City Road • P.O. Box 2888 • Carbondale, IL 62902 • (618) 457-3595 • Fax: (618) 549-8640

MERCHANT DISPUTE FORM – **VISA CREDIT CARD**

Cardholders must complete this form to dispute credit card transactions. Attach a written explanation if necessary, for example to elaborate further or if none of the dispute reasons below identify your situation. Once complete, return this form along with any supporting documents so that we may begin to process your dispute. If you have any questions please feel free to contact our Card Services Dept. at (618) 549-8633.

Your Information:

Name:	Phone:	Member #:	
Address:	City:	State:	ZIP:
E-Mail Address:			
Credit Card #:			

Dispute Reason:

Check one below that most closely matches your dispute reason; complete all required fields ().*

Merchant Name:	Transaction Date:
Transaction Amount:	Dispute Amount:

_____ **Cancellation Dispute**
Were you advised of any cancellation policy? ___ Yes ___ No
If yes, please explain: _____
**Date of cancellation: _____ Spoke with: _____*
Cancellation #: _____ Reason: _____
 ___ I canceled this recurring trans action with the merchant on (date): _____ how: _____

_____ **Returned Merchandise Dispute**
**Date returned: _____ Date received by merchant: _____*
If mailed, complete the following: Returned Merchandise Authorization #: _____
**Shipping Company: _____ Tracking #: _____*
If you have a credit slip, voucher, or refund acknowledgment that has not posted, please provide:
**Date of credit: _____ Invoice/Receipt #: _____*
**Describe your attempt to resolve with the merchant: _____*

Name: _____ Card #: _____ Member #: _____

Cardholder Dispute... (Continued)

Duplicate Charge

*Date of the first charge: _____ *Date of the second charge: _____
*Date of the third charge: _____ *Date of the fourth charge: _____

ATM Cash Not Received

ATM Location/Address: _____
Transaction reference number: _____
_____ I made a single attempt and did not receive any cash
_____ I made multiple attempts and only received cash in one of those attempts
Other (please explain): _____

Paid for Goods by Other Means

_____ Cash _____ Check _____ Other Card _____ Other (please explain): _____

Non-Receipt of Goods or Services

_____ Tickets/merchandise not received Expected delivery date: _____
_____ Merchant unwilling or unable to provide service paid for
*Have you tried to resolve the issue with the merchant?
_____ *Yes, spoke with: _____ Date: _____
_____ *Response: _____
_____ *No, reason: _____

Incorrect Transaction Amount

*The amount of this transaction posted for \$ _____ but should have posted for \$ _____
Attached is a copy of the receipt showing the correct amount (required).

Quality of Services or Goods Dispute

*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 attempt to resolve with the merchant: _____

*Date returned: _____ Date received by merchant: _____
If mailed, Return Merchandise Authorization Number: _____
*Shipping Company: _____ Tracking #: _____
If you have a credit receipt, voucher, or refund acknowledgement that has not posted, please provide the following. Date of Credit: _____ Invoice/Receipt #: _____
Other: _____

Signature:

I certify that the above information is true to the best of my knowledge.

Your Signature:

Date: