



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

MERCHANT DISPUTE FORM – **VISA DEBIT CARD / ATM 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:**

<b>Name:</b>	<b>Phone:</b>	<b>Member #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>E-Mail Address:</b>			
<b>Debit/ATM Card #:</b>			

**Dispute Reason:**

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

<b>Merchant Name:</b>	<b>Transaction Date:</b>
<b>Transaction Amount:</b>	<b>Dispute Amount:</b>

\_\_\_\_\_ **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:**