



130 - 23rd Avenue SW
Rochester, MN 55902
mayocreditunion.org

507-535-1460 Tel
800-535-2129 Toll Free
507-293-8112 Fax

Visa Transaction Dispute Form 800-234-5354

If you believe a transaction on your statement is in error, you must attempt to resolve with the merchant before initiating a dispute. After you have attempted to resolve with the merchant and feel you still need assistance, please complete and sign this form with your detailed information.

Provide copies of all documentation that will help us investigate your dispute (i.e. contracts, invoices, detailed letter, cancellation number, etc.). Do not mail your dispute form or letter with your payment.

Please check only one box. Do not alter wording on this form.

Member Name: _____ Amount: _____

Full Card Number: _____ Transaction Date: _____

Merchant Name: _____ Post Date: _____

Please tell us why you think the item noted is in error. **Check only one box and include specific details.**

I certify that the charge in question was a single transaction, but was posted twice to my statement. I did not authorize the second transaction.

Tran Date: _____ Post Date: _____ Sale #1: \$ _____ Reference #: _____

Tran Date: _____ Post Date: _____ Sale #2: \$ _____ Reference #: _____

I have not received the merchandise that was to be shipped to me on _____ (date). I have asked the merchant on _____ (date) to credit my account. Confirmation # _____.

Merchandise that was shipped has arrived damaged and/or defective. I returned it on _____ (date) and asked the merchant to credit my account. Attached is my return receipt copy or tracking number for this return.

I have returned the merchandise on _____ (date) because _____. Attached is a copy of my return slip or you can use this tracking number _____.

I notified the merchant on _____ (date), cancellation # _____, to cancel the preauthorized monthly billing. The reason for my cancellation is _____. Please allow 10 days to cancel a recurring charge so the merchant has time to remove your information in their system.

Other Details: _____

Signature: _____ Date: _____

Daytime Phone: _____ Email Address: _____

Please return the dispute form and/or letter to Cards Risk Management Team by email to risk_email@coop.org, or bring this form to any office location for submission. Please keep a copy of this form for your records.