

VISA DEBIT CARD DISPUTE

Please complete this dispute form regarding your inquiry on your debit card account statement. You must provide a copy of the statement showing the disputed transaction and you must complete all areas marked as required. Upon receipt of this letter, we will take the necessary action to resolve this dispute. Please complete and return original signed form to the address below:

**Reliance Federal Credit Union
20102 Valley Forge Circle
King of Prussia, PA 19406
(610) 783-5229
FAX: (610) 783-6921**

Cardholder Information: (required)

Visa Debit Card Number

_____ - _____ - _____ - _____

Cardholder Name _____

Cardholder Address _____

Cardholder Telephone Number _____ (H) _____ (C)

Transaction Information: (required)

Merchant Name _____

Merchant Location _____

Transaction Amount _____ Transaction Date _____

Amount of Dispute _____

(If the amount of the dispute is different from the transaction amount, please explain)

Did you attempt to resolve the dispute with the merchant? (required)

___ Yes - Spoke with _____ on(date) _____

Merchant's response

___ No - Reason merchant was not contacted _____

Reason for dispute: (required)

I neither authorized nor participated in this transaction.

The same transaction was posted twice to my account.

The amount of the transaction is incorrect. My receipt is for \$ _____.
(A copy of your receipt must be attached).

Please provide any other details that may be relevant to your dispute:

Member Signature _____ (required)

Date _____ (required)

(Credit Union Use Only)

Action Taken:

By CU Staff _____ Date _____

Date Member received resolution to dispute _____