

**VISA CHECK CARD Dispute for Point-Of-Sale Transaction**

(Please use one form per disputed transaction)

I would like to file the following dispute regarding a Point-Of-Sale transaction on my VISA Check Card.

**Member #:**

**Card # (full 16 digits):**

**Amount of Transaction:**

**Date of Transaction:**

**Name of Merchant:**

**I am disputing because:**

**A cardholder is required to make a good faith attempt to resolve the issue directly with the merchant.**

**Please explain merchant's response (also provide name of person spoken to and date of contact or attach copy of letter or e-mail sent)**

If merchant was not contacted, please explain why:

I, \_\_\_\_\_, state that this transaction was unauthorized.  
(print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Daytime Phone #:

Address:

Note for **Unauthorized** purchases: Service 1st may issue a temporary credit to your account during the dispute process. Please be advised that the temporary credit may be removed from your account if the dispute is denied by the merchant. Please mail completed form to: **Service 1<sup>st</sup> Federal Credit Union, PO Box 159, Danville PA 17821-9122**

<b>Credit Union Use Only</b>	Date card statused: _____
Teller ID: _____	Lost    Stolen

