



## Visa Debit Cardholder Dispute Form

**Before disputing a charge with School Employees Credit Union of Washington, you must make an effort to resolve the dispute with the merchant.**

**This form is to be completed only if the disputed Visa debit card transaction was initiated by the cardholder.** If the card is lost or was stolen or if the transaction was initiated without the cardholder's knowledge or consent, the card will need to be deactivated. Please complete an Affidavit of Unauthorized Use instead of this form.

**If you are disputing a transaction on your SECUWA Visa Classic or Platinum *credit* card,** please call Cardholder Services at 1-800-654-7728. (This form may be used for Visa *debit* card disputes only.)

Member number \_\_\_\_\_ Name \_\_\_\_\_

Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Merchant \_\_\_\_\_ Disputed amount \$ \_\_\_\_\_ Transaction date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Reason for Dispute

**I do not recognize the charge.** You may need to complete an Affidavit of Unauthorized Use and deactivate the card.

**Duplicate transaction.** The transaction was posted two or more times to the account. Only one charge was authorized.

**I was overcharged for the purchase**  **Credit posted as a sale**  **Credit did not post to my account**  
Please attach a copy of the original transaction receipt and any credit transaction receipt for the above reasons.

**Membership cancellation.** Please enclose a copy of the letter, e-mail, or fax requesting cancellation.

- On what date did you contact the merchant to cancel? \_\_\_\_/\_\_\_\_/\_\_\_\_ Cancellation # \_\_\_\_\_
- Why did you cancel the membership? \_\_\_\_\_

• Were you advised of a cancellation policy?  Yes  No

• If yes, what is the merchant's cancellation policy? \_\_\_\_\_

**Merchandise was returned.** Please attach proof of return or credit slip.

- What was ordered? \_\_\_\_\_ What was received? \_\_\_\_\_
- Was the merchandise suitable for the purpose intended?  Yes  No
- Why did you return merchandise? \_\_\_\_\_

**I did not receive the merchandise.**

- What was the expected delivery or pickup date? \_\_\_\_/\_\_\_\_/\_\_\_\_
- What merchandise was purchased? \_\_\_\_\_

**Paid by other means.** If the purchase was paid by another financial institution, you'll need to provide a copy of the canceled check (front and back) or a billing statement from the credit card or debit card. If the purchase was paid by cash, you'll need to provide a copy of the cash receipt.

**The hotel room charge was posted to my account after I canceled.** (A cancellation number is required.)

- Were you advised of the hotel's cancellation policy?  Yes  No
- If yes, what is its policy? \_\_\_\_\_

\_\_\_\_\_

- Cancellation number (**required**) \_\_\_\_\_ Cancellation date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Quality of service dispute or other.** Using the space below or on an attached sheet of paper, please describe your dispute and your attempts to resolve the matter with the merchant. Please include supporting documentation, such as repair bills, contracts, or copies of neutral third-party opinions from a certified merchant written on his or her invoice or letterhead.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you tried to contact the merchant to resolve the problem?    Yes                       No

If yes, date merchant was contacted \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of representative \_\_\_\_\_

What was the outcome of your contact? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please sign this form to prevent any delay in processing. Thank you!**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax completed form to Credit Services: (206) 676-3649, or  
Mail completed form to Credit Services: P.O. Box 576, Seattle, WA 98111-0576  
Questions? Please call (206) 628-6055 or 1- 888-628-4010, ext. 6055