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Notification of Disputed Transaction
Cancelled Service/Merchandise, Merchandise/Services Not Received

</div>

FORM 2

Member Name: _____   **Card Number:** _____

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Card Type   ☐ **Debit**   ☐ **Credit**

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Transaction Date   Settlement Date   Merchant Name   Transaction Amount
_____   _____   _____ $_____

What was purchased? (   ) Merchandise   (   ) Services

Describe the merchandise/service ordered:
_____
_____

I. For Merchandise/Services Not Received, please answer the following questions and complete the ATTEMPT TO RESOLVE section at the bottom:

Date of expected receipt of the merchandise/service: _____

Was the merchandise/services canceled due to Non-Receipt? _____ If so what was that date?_____/_____/_____
                                                                                                M / D / Y

If a cancellation number was given, what was that number?_____

For canceled Hotel Reservations, did the merchant provide a cancellation number (   ) Yes   (   ) No

If YES please provide the cancellation number _____

If NO, did you ask for a cancellation number? _____ If you did **what was the merchant's response?**
_____
_____

II. For Canceled Services/Merchandise, please answer the following questions and complete the ATTEMPT TO RESOLVE section at the bottom:

Date Canceled: ____/____/____   How? (   ) By Phone   (   ) By e-mail (please provide copy)
                        M / D / Y
Cancellation reason: _____

Did you receive any merchandise? _____ What date did you receive the merchandise? ____/____/____.
                                                                                                            M / D / Y
If merchandise was returned, please provide date returned ____/____/____ and by what method (i.e.: UPS, USPS,
                                                                                M / D / Y
 FedEx,):_____.   Please included any proof of return to support the dispute.

III. ATTEMPT TO RESOLVE:

IMPORTANT **– You must attempt to resolve prior to filing a dispute per VISA Regulations. Please describe the cardholder's attempt to resolve this dispute with the merchant and the last date of contact with the merchant and what the merchant's response was.**

Date of last contact with merchant: ____/____/____ and **Contact Name** at merchant: _____
                                                      M / D / Y
How did you contact the merchant? (   ) by phone   (   ) by e-mail   (   ) by letter   (   ) in person
Please provide copies of e-mails and letters sent to the merchant and any responses received from the merchant.

Please describe the attempt to resolve with the merchant:
_____
_____
_____
_____
_____
_____

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****The cardholder is not required to sign this form****

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