



**CARDHOLDER DISPUTE FORM**

I, \_\_\_\_\_, owner of ATM/DEBIT card number \_\_\_\_\_ am disputing the following transaction because:

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Merchant Name: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Amount of Transaction: \_\_\_\_\_

**VISA REGULATIONS REQUIRE THAT AN ATTEMPT TO CONTRACT THE MERCHANT BE MADE TO RESOLVE THE ISSUE PRIOR TO OUR INSTITUTION FILING A DISPUTE FOR A NON-FRAUD CLAIM**

Date of Resolution Attempt with Merchant: \_\_\_\_\_

What was the outcome? *PLEASE BE SPECIFIC* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_