



VI SA CHECK/DEBIT CARD DI SPUTES

** You must complete all 3 sections.*

Section 1:

Member Name: _____
 Address: _____
 Contact Phone No.: () - _____
 Visa Check Card # _____
 Member Number: _____

Section 2:

Please list transaction(s) you would like to dispute:

DATE OF TRANSACTION	COMPANY/MERCHANT NAME	AMOUNT

Section 3:

Please Provide a detailed explanation for reason of dispute:

Signature

Date