

CARDHOLDER STATEMENT OF DISPUTED ITEM

for DVISA, POSST, POSIL or PNLST transactions
If the POSST or POSIL transaction is unauthorized use Form #183

Name		Account #			
Address					
			Best Daytime Contact #		
	REQUIRED** (PLEASE ATTACH	I A DETAILED LETTER DESCRIBING	YOUR DISPUT	E)	
Sale Date:	Amount: \$	Merchant Name:			
	PLEASE CHECK ONLY ONE	BOX WHICH BEST EXPLAINS Y	OUR DISPUTE	<u>:</u>	
☐ Debit Card Transaction ☐ Credit Card Transaction					
REQUIRED: I contacted the merchant on (mm/dd/yy) _		in an attempt to r	in an attempt to resolve this dispute.		
Merchant's resp	onse:				
Description of yo	our dispute with the Merchant:				
				_	
☐ 1 I have cance	eled services on (mm/dd/yy):	because			
Cancellation	#:				
☐ 2 I certify I ha	ve never given the above merchant my Visa	card #. I certify that the above charge	e was not made l	by me or by a person	
authorized b	y me to use my card, nor were the goods or sy me. REQUIRED: Due to your card number a Lost or Stolen card.		orized to use yo	ur card, your card MUST be	
•	of the sales slip was increased from \$				
	Attach your copy of the sales slip with the <u>co</u>			\$10.00 or more.	
☐ 4 I have not re one: YES / No	ceived the merchandise which was expected O) Date of request (mm/dd/yy)	l on (mm/dd/yy) I asl Description of non-received m	ked the merchan erchandise:	t to credit my account (circle	
Merchant Re	sponse:				
☐ 5 I have return	ned merchandise on (mm/dd/yy)	because _			
	Attach return receipt, postal receipt, and tra	_			
	a credit slip for \$on (mm/dd/y Attach copy of credit slip.	y)which has not shown	n on my stateme	nt.	
	only one transaction was made with the abo	ove mentioned merchant. On my Visa	card account this	s same merchant has	
	second charge to my account, which I neither he second transaction. (Transactions must b				
	id initiate the above transaction, the reserval me was:	tion(s) was canceled on (mm/dd/yy) _	т	he cancellation number	
☐ 9 I have paid th	ne merchant by other means. REQUIRED: Atta	ach documents showing proof of pay	ment.		
☐ 10 Not as desci	ribed. (PLEASE ATTACH A DETAILED LETTER	DESCRIBING YOUR DISPUTE)			
SIGNATURF	Marc De La Cruz	DATF			
5.5.W. 15.1L_	Email this for	m to visadisputes@americafirst.com			
For Internal Purpo	ses Only: Branch # Teller #				
	only VROL Case # Exc				



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