

Visa Credit Card Dispute

All documents related to this dispute should be mailed or faxed to the address listed below. For any additional questions contact Customer Service at 855-462-5880.

Dispute Operations
PO Box 2087
Ohama, NE 68103
FAX: 402-315-4958

Cardholder Information

First and Last Name Credit Card Number

Merchant Name

Transaction Amount	Disputed Amount	Transaction Date
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Thank you for your inquiry on your Teachers Federal Credit Union Visa credit card account. Please check ONE statement that pertains to the dispute being filed and provide the information requested from your (the cardholder's) point of view:

____ I neither made nor authorized the above transaction(s).

____ Although I did engage in the above transaction(s), I have contacted or attempted to contact the merchant and was refused a price adjustment, replacement of goods, or a credit voucher. PLEASE MAKE ADDITIONAL COMMENTS FOR THE REASON OF DISPUTE ON A SEPARATE SHEET OF PAPER.

____ *Merchandise Not Received.* The merchandise was shipped. It was not received by me, nor anyone authorized by me. I expected to receive the merchandise on ____/____/____.

____ *Defective Shipped Merchandise.* I received shipped merchandise that was damaged. I attempted to return it on ____/____/____.

____ *Returned Merchandise.* Please state in writing if you requested credit from the merchant and the reason the merchandise was returned (i.e. wrong size, color, quantity, etc). Include a copy of your return receipt signed by the merchant with a copy of your credit slip or voucher.

____ *Paid by Other Means.* I have contacted the merchant and attempted to resolve this matter. I am providing all copies of charges, copy of front and back of canceled check or paid cash receipt to provide proof of payment.



____ *Service Dispute.* If you have a problem with the quality of merchandise or services that you purchased, and have tried to resolve this matter with the merchant please include a detailed letter explaining the nature of the dispute and the results of your attempt to resolve this with the merchant.

____ *Credit not posted.* Please provide a credit slip bearing your account number, merchant name, and dollar amount to be credited or written acknowledgement from the merchant consenting to a refund.

____ *Difference in Amount.* The amount of my sales slip differs from the amount I was billed. Enclose a copy of the sales slip.

____ *Recurring Transaction.* I did engage in the above transaction, which was to be billed on a monthly/annual basis. I contacted the merchant on ____/____/____ to cancel my authorization. Please supply a phone number or copy of the letter that was sent to the merchant.

Are there unauthorized charges? _____ Yes _____ No

If Yes, include a copy of your billing statement and circle the disputed charges.

Use the space below to include additional information.

Primary Cardholder Signature: _____ Date: _____

Signature/ID Verified by (Teachers Employee) _____