



Dear Cardholder:

To follow up on your recent inquiry regarding an item(s) on your Visa statement, we will need you to complete and return the attached document within 10 days.

Complete the required fields outlined below. Missing information will be returned to the cardholder for review and correction.

- Cardholder Name
- Card Number – list the last 4 digits ONLY
- Transaction Date
- Merchant Name
- Transaction Amount
- Dispute Amount
- Cardholder signature (written and electronic signatures are accepted)
- Date

VISA requires **ONLY ONE** scenario be checked from the below ten outlined. The Cardholder must select the best appropriate reason for the dispute. **ONLY ONE** scenario must be checked, even if multiple scenarios may apply. The form will be returned for review to the member if more than one is checked. Complete one form per transaction to be disputed.

The selected best scenario must have specific information related to the dispute. VISA encourages any receipts, emails, or any correspondences between the company be provided to support the dispute.

Supporting documentation can be emailed to [VisaServices@belco.org](mailto:VisaServices@belco.org) and must have name and last 4 digits of your card number listed on the supporting documents.

Belco requires a valid email address and phone number for future contact with this dispute. Please complete EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NOTE: Belco may reverse provisional credits based on the final outcome of your case determined by Visa.

For questions please call (717) 232-3526 or (800) 642-4482. Thank you in advance for your cooperation in this matter- Belco Visa Services

**CARDHOLDER DISPUTE FORM**

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Transaction Date \_\_\_\_\_ Merchant Name \_\_\_\_\_

Transaction Amount \$ \_\_\_\_\_ Dispute Amount \$ \_\_\_\_\_

Cardholder Signature

Date

**Please check the appropriate box below that matches your dispute type the closest.**

Return this form and any supporting documents so that your dispute can be processed in a timely manner. Please answer all appropriate questions below. **The required fields per dispute type are marked with an asterisk (\*)**. Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.

**CARD RULES GOVERNING THESE DISPUTES REQUIRE THAT YOU ATTEMPT TO RESOLVE YOUR DISPUTE WITH THE MERCHANT BEFORE COMPLETING THIS FORM. YOU MUST INCLUDE THE EVIDENCE OF YOUR ATTEMPT AND A DETAILED ACCOUNT OF THE SITUATION AS TO WHY THE MERCHANT WAS UNWILLING OR UNABLE TO RESOLVE THE ISSUE.**

 **Cancellation dispute**Were you advised of any cancellation policy?  yes  no (if yes, explain below) \_\_\_\_\_

\* Date of cancellation: \_\_\_\_\_ Spoke with: \_\_\_\_\_

\* Cancellation number: \_\_\_\_\_

\* Reason for cancellation: \_\_\_\_\_

\*Describe your attempt to resolve with the merchant: \_\_\_\_\_

 **Returned merchandise dispute**

\* Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

- If mailed, Return Merchandise Authorization Number (RMA): \_\_\_\_\_

\* Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

\* Reason for return: \_\_\_\_\_

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

\* Date of credit slip: \_\_\_\_\_ Invoice/receipt number of the credit: \_\_\_\_\_

\* Did the merchant refuse to accept returned merchandise or provide a return authorization?

\*Select One:

Merchant refused to provide return authorization

Merchant refused to accept returned merchandise

Merchant informed you not to return the merchandise

\*Describe your attempt to resolve with the merchant: \_\_\_\_\_

I was charged two or more times for the same transaction

\*Note: If selecting this dispute reason, transactions must be on the same date and the same dollar amount to dispute per Visa rule.

\*How many times was the same charge processed? \_\_\_\_\_

\*Describe your attempt to resolve with the merchant:: \_\_\_\_\_

\_\_\_\_\_

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it

Transaction referencenumber: \_\_\_\_\_

Select One:

I made a single attempt and did not receive cash

I made multiple attempts and only received cash on one of those attempts

Other: \_\_\_\_\_

I paid for these goods or services by other means

Check  Cash  Other Bank Card  Other: \_\_\_\_\_

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_

\_\_\_\_\_

\*Note: if selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

Non-receipt of goods or services

\*  Merchandise not received  Service not received

\* Describe in detail what service or merchandise was ordered: \_\_\_\_\_

\_\_\_\_\_

\* I expected delivery/services on (date): \_\_\_\_\_

\* Merchant unwilling or unable to provide service:  yes  no (if yes, explain) \_\_\_\_\_

\* Describe your attempt to resolve with the merchant. \_\_\_\_\_

\_\_\_\_\_

\* Merchant Response: \_\_\_\_\_

\* If no merchant response, explain: \_\_\_\_\_

A credit transaction posted as a debit in error

\* A credit for \$ \_\_\_\_\_ was posted to my account as a debit.

- You must supply a copy of the credit receipt received from the merchant.

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_

\_\_\_\_\_

Incorrect transaction amount

\* The amount of this transaction posted for \$ \_\_\_\_\_ but should have posted for \$ \_\_\_\_\_

- If available please supply a copy of your receipt.

\* Describe your attempt to resolve with the merchant: \_\_\_\_\_

\_\_\_\_\_

**Quality of services or goods, defective merchandise or not as described**

**\*Select One:**

Merchandise was defective or not as described

Service was defective or not as described

\*Describe the difference between what was ordered and what was received or provide copy of written purchase order. Describe what was defective or why the purchase was unsuitable for your needs. \_\_\_\_\_  
\_\_\_\_\_

\*Date I received merchandise or service \_\_\_\_\_

\*Date merchandise returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

- If mailed, Return Merchandise Auth. #: \_\_\_\_\_  
\*Shipping Company: \_\_\_\_\_ Tracking number: \_\_\_\_\_

- If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute.

\*Date services cancelled: \_\_\_\_\_ How? \_\_\_\_\_

**\*Did the merchant refuse to accept returned merchandise or provide a return authorization?**

**\*Select One:**

- Merchant refused to provide return authorization
- Merchant refused to accept returned merchandise
- Merchant informed you not to return the merchandise

**\*Describe your attempt to resolve with the merchant:** \_\_\_\_\_  
\_\_\_\_\_

**Deposit performed but not processed, or processed incorrectly**

You participated in the transaction, but did not receive the funds or did not receive the correct amount of funds. (Dispute amount is limited to the amount of funds not received.)

Transaction reference number: \_\_\_\_\_ \* Date of transaction: \_\_\_\_\_

- Did not receive funds  
I made a single attempt to deposit \$ \_\_\_\_\_ and did not receive the funds
- Did not receive the correct amount of funds  
I made a single attempt to deposit \$ \_\_\_\_\_ and received a partial amount of \$ \_\_\_\_\_

**Additional information:** Please use an additional sheet of paper, if necessary

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\* (asterisk) Denotes required information for the dispute

**For Institution Use Only**

No documentation received for deposit return item

Issuer did not receive returned item documentation within 10 calendar days of returned item adjustment transaction date

Transaction reference number \_\_\_\_\_ \*Date of transaction \_\_\_\_\_

Deposit Dispute, invalid adjustment

A Deposit Adjustment is disputed by the Cardholder or Issuer. Please provide details for the checked item below.

**\*Select one:**

Adjustment contains invalid data such as:

- Incorrect account number
- Non-matching account number

Cardholder disputes validity of Adjustment due to the amount of the Adjustment, or original Transaction was

cancelled and reversed Adjustment processed beyond 45 days from Transaction Date

Adjustment processed more than once

\* (asterisk) Denotes required information for the dispute