

Visa Debit Card Chargeback / ATM Dispute Form

Please complete, sign and return this form in this form in its entirety.

Today's Date	
Card Number:	
Printed Name:	
Date of Error:	
Nature of Error:	
Description of Problem:	
Name and Location of Merchant/Machine:	
Original \$ Amount Charged:	
Amount of the Dispute:	
Explanation in Customer's Own Words, Including All pertinent Data	
Customer Signature:	Date: