



GEORGETOWN UNIVERSITY
ALUMNI AND STUDENT
FEDERAL CREDIT UNION

GUASFCU
 3700 O Street, NW
 Leavey Center Suite 1328
 Washington, DC 20057
 (202) 687-8616

Visa Debit Cardholder Statement Of Dispute

You must supply supporting documentation, which includes both an official police report and a notarized copy of this form, or your claim may be initially denied. Please read each category carefully and in its entirety and ensure you have provided all required information. We may need additional information from you at various stages of your claims process. Failure to complete this form in its entirety can significantly delay the resolution of this process. Please be sure that your contact information is current.

Part I. Please complete all items in this section.

Cardholder Name		
<input checked="" type="checkbox"/> Visa Debit Card		
Form of Payment Used	GUASFCU Account No.	Debit Card Number
Best Contact No.	Email Address	

Please note: It is possible to request a stop payment on a recurring payment, one-time payment, or bill payment transaction for a closed account. You must notify GUASFCU immediately to ensure the payment is stopped before the funds are debited from your account.

Visa and federal regulations extend billing rights to cardholders for billing errors or questionable transactions. To preserve these billing rights, the cardholder must notify GUASFCU within sixty (60) days of the closing of the statement on which the error or problem first appeared. If you have a problem with the quality of the property or services purchased with your credit card, you must make a good faith attempt to resolve the dispute with the merchant. If you have not reached a resolution with the merchant, then to assist you with your dispute, we may require specific documentation from an expert or professional that supports your dispute about the level of quality or misrepresentation described on the original receipt, invoice, work order, brochure, contract, or appraisal before we can properly pursue a credit for any portion of the amount(s) in question.

Due to different laws in various international countries, international transactions do not have the same consumer protection rights that are extended to U.S. transactions. We will make every effort through the dispute resolution process to assist you; however, we cannot guarantee a favorable outcome.

I have verified the charge(s) to my account, and I dispute the following item(s):

Merchant Name			
			\$
Reference No.	Posting Date (Mo., Day, Yr.)	Transaction Date (Mo., Day, Yr.)	Dollar Amount
Merchant Name			
			\$
Reference No.	Posting Date (Mo., Day, Yr.)	Transaction Date (Mo., Day, Yr.)	Dollar Amount
Merchant Name			
			\$
Reference No.	Posting Date (Mo., Day, Yr.)	Transaction Date (Mo., Day, Yr.)	Dollar Amount
Merchant Name			
			\$
Reference No.	Posting Date (Mo., Day, Yr.)	Transaction Date (Mo., Day, Yr.)	Dollar Amount

Part II. Please check and complete any category that best describes your dispute.

I am not disputing this charge.
I would like a copy of the sales receipt only. (If the charge is older than 90 days, a copy can only be requested for legal or tax purposes.)

I do not recognize this transaction.
Date of VISA or GUASFCU Contact (Required) _____

Describe your attempt to resolve with merchant (Required)

Merchant's Response (Required)

Incorrect transaction amount
(A copy of the sales receipt must accompany this form.)
Describe your attempt to resolve with merchant (Required)

The transaction posted for \$ _____ but should have posted for \$ _____.

Non-receipt of merchandise or services
-Merchandise/Tickets not received.
Expected date of receipt (Required) _____
-Merchant unwilling/unable to provide service.
Expected date of service (Required) _____
Description of merchandise/service to be provided. (Required)

Describe your attempt to resolve with the merchant. (Required)

Date of Contact (Required) _____
Merchant's response (Required)

Duplicate Charge
Date of 1st Charge _____ **Date of 2nd Charge** _____
Describe your attempt to resolve with merchant (Required)

Date of Contact (Required) _____

Returned merchandise
(Please ensure that 15 days have passed since the date of return.)
RMA or Return Authorization Number (If applicable)

Date of Return (Required) _____
Date Received by Merchant _____
Method of return:

USPS UPS FEDEX OTHER _____

Tracking number (Required) _____
Describe your attempt to resolve with merchant (Required)

Date of Contact (Required) _____
Merchant's Response (Required)

If you have a credit slip/voucher or refund acknowledgment that has not posted, please provide date of the credit. (A copy must accompany this form.)

Status of card at time of disputed transaction

- VISA Card is in my possession**
- VISA Card is lost or stolen**
- Police report attached after Part IV** (Required)

Part III. Use this section to provide additional information. (Useful to describe any contact you have had with GUASFCU, VISA or Law Enforcement regarding this)

Part III. Cardholder Affidavit and Authorization

This affidavit is made for submission to the **Georgetown University Alumni and Student Federal Credit Union** for use as part of its investigation of my claim that my account (s) should not be debited for the transactions listed above. I hereby authorize Credit Union investigators and law enforcement officials to investigate all circumstances concerning these transactions. I have marked the applicable reason for the disputed transaction(s) and have supplied copies of all required documentation. I have attached any documentation supporting my claim (i.e. police reports).

The transaction(s) described above/attached were not originated with fraudulent intent by me or any person acting on my behalf. I neither conducted, authorized, nor benefited from this/these transaction(s). I give my consent to the Georgetown University Alumni and Student Federal Credit Union to release any information regarding my card and/or card account to any law enforcement officials to investigate all circumstances concerning this/these transactions(s).

I am aware that improperly obtaining funds from the Georgetown University Alumni and Student Federal Credit Union by use of an ATM/Debit card may constitute a federal criminal offense, punishable by imprisonment and/or a fine, and that any false statements made in this affidavit or to any Bank investigator or law enforcement official in connection with an investigation may constitute evidence of such a crime. I understand this claim is subject to investigation by local, state, and/or federal law enforcement agencies, and that I may be required to comply with a court order or subpoena to give testimony. **I agree I will cooperate in the persecution of the person(s) improperly using my card.** I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct.

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this Cardholder Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Part IV. Notarization

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20 _____
by _____, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Notary Seal

Member Signature

Date

Notary Signature

Joint Cardholder Signature

Date

