

Visa Debit Card Chargeback / ATM Dispute Form

Please complete, sign and return this form in its entirety. In order to properly investigate this matter it is important that all fields are complete. It would be beneficial to attach any supporting documentation such as a receipt of the transaction. Please call Doug Baxter at 814-865-3976 or Cindy Greendonner at 814-863-6180 if you have any questions.

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. (i.e., what happened, why, any conversations with the merchant or owner.)

Customer's Signature: _____ Date: _____