



VCC Chargeback Form

Today's Date _____ Account Number _____

Account Name _____ Vendor/Merchant _____

Transaction Amount \$ _____ Date VCC Transaction posted: _____

Reason for Charge back _____

****Please note that we must receive a detailed letter being as specific as possible which must include the following:**

- ◆ Name of Merchant
- ◆ Was merchandise received or services provided
- ◆ What the situation is (why they need the reoccurring stopped) or funds returned to member
- ◆ Date of transaction(s)
- ◆ Card number
- ◆ Amount of transaction(s)
- ◆ Specific steps taken to rectify ó dates, times, contact person spoke to concerning charge in question

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. **Fee Assessed \$25.00**

By directing the Financial Institution to chargeback the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the Chargeback request must be received no more than 120 days after the withdrawal to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

| | | |
|-------|---|---------------------|
| Date: | _____ Account Holder Signature | _____ Print Name |
| Date: | _____ Financial Institution Representative Signature | _____ Print Name |

FOR FINANCIAL INSTITUTION USE ONLY

Manager Approval _____ by _____

Signed Chargeback Request Form Received on _____ by _____