



Dispute A Visa Transaction

Do not use this form to dispute items from a lost or stolen card. Instead, call us at: 1-866-282-8697.

To dispute a charge on your **Macy's Visa account**, please print a copy of this form and provide the requested information. Be sure to sign the form so we may investigate your claim. Mail this form to: **Macy's Visa Disputes, PO Box 8097, Mason, OH 45040.** (For additional charges or explanations, please use the back of this form)

Name _____ Account # _____

Merchant _____ Transaction Date _____ Amount \$ _____

Reference Number _____ Merchandise Description _____

Signature _____ Daytime Phone # _____

(Your signature is required to initiate a transaction dispute)

I have examined the charges made to my account and I am disputing a transaction for the following reason **(CHECK ONLY ONE)**:

(I am enclosing a copy of all related documents, including any credit vouchers, sales receipts, work invoices and contracts that I may have received along with details of my attempts to resolve this matter with the merchant.)

- ☐ Neither I, nor any person authorized by me made the charge listed above. In addition, neither I, nor anyone authorized by me received the goods and services represented by this transaction.
- ☐ Although I did participate in a transaction with the merchant, I was billed for an additional transaction totaling \$ _____ that I did not engage in, nor did anyone else authorized to use my card. I have all my cards in my possession. The authorized transaction took place on _____ (mm/dd/yy) in the amount of \$ _____.
- ☐ The dollar amount charged was \$ _____ and should be \$ _____. Enclosed is a copy of my credit card sales receipt showing the correct dollar amount.
- ☐ I am disputing \$ _____ (entire amount or disputed portion of the transaction). I am providing details of my dispute, my attempts to resolve this matter with the merchant, including dates and the merchant's response.
- ☐ I never received the merchandise that was to be shipped to me. The expected delivery date was _____ (mm/dd/yy). I contacted the merchant on _____ (mm/dd/yy) and the merchant's response was _____
- ☐ Merchandise shipped to me arrived defective and/or damaged on _____ (mm/dd/yy). I returned it on _____ (mm/dd/yy). I contacted the merchant on _____ (mm/dd/yy). The merchant's response was _____

(Please provide a copy of a return receipt from UPS, Federal Express, Post Office or proof of refund.)

- ☐ I did not purchase the merchandise/service with my Macy's Visa. Enclosed is a copy of my cash receipt, check or other credit card statement showing proof of payment.
- ☐ This transaction is a duplicate of an authorized charge that took place on _____ (mm/dd/yy). I contacted the merchant and their response was: _____
- ☐ A credit was not applied to my account. **Enclosed is a copy of my credit receipt for \$ _____ on _____ (mm/dd/yy).**
- ☐ A return was applied to my account as a charge in the amount of \$ _____ on _____ (mm/dd/yy).
A copy of my receipt is enclosed.
- ☐ I notified the merchant on _____ (mm/dd/yy) to cancel (select one) ☐ Merchandise ☐ Service
The merchant provided me with the following cancellation number _____
(Please provide a copy of the cancellation correspondence if canceled by mail).
- ☐ Other: Please explain _____



Dispute a Macy's Store Transaction

Do not use this form to dispute items from a lost or stolen card. Instead, call us at: 1-866-593-2543.

To dispute a charge on your **Macy's Store account**, please print a copy of this form and provide the requested information. Be sure to sign the form so we may investigate your claim. Mail this form to: **Macy's Disputes, PO Box 8066, Mason, OH 45040** *(for additional charges or explanations, please use the back of this form)*

Please indicate the type of dispute.

- ☐ A Charge on my account ☐ A Credit was not applied or incorrectly applied to my account

Name _____ Account # _____

Date of Purchase/Return: Month _____ Day _____ Year _____ Store Location _____

Amount \$ _____ Merchandise Description _____

Signature _____ Date _____ Daytime Phone # _____

(Your signature is required to initiate a transaction dispute)

Check where the purchase/return was made:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Catalog | <input type="checkbox"/> Furniture or Mattress Purchase/Return | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Store Purchase/Return | <input type="checkbox"/> Delivered Store Purchase/Return
(excluding furniture or mattresses) | <input type="checkbox"/> Unknown |

Explain reason for dispute: **(Please enclose a copy of your receipt)** _____
