



USPS VOYAGER ACCOUNT DISPUTE FORM

AREA OFFICE

DISTRICT

VMF NAME

SITE NAME

SITE MAILING ADDRESS

City

State

Zip Code

SITE CONTACT NAME

SITE PHONE NUMBER

SITE FAX NUMBER

VOYAGER ACCOUNT #	VOYAGER CARD NUMBER	TRANSACTION DATE	TRANSACTION AMOUNT	DUPLICATE TRANSACTION	UNAUTHORIZED PURCHASE	AMOUNT IN DISPUTE

EMAIL (PREFERRED) COMPLETED FORM TO: voyagerusps@usbank.com
OR FAX COMPLETED FORM TO: 1-866-400-5770