



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