

CARDHOLDER TRANSACTION DISPUTE FORM



FRM_CUS_CTDF_MAY2017_01

Personal Information

Cardholder Name _____ Surname _____
Contact Number _____ Email Address _____
Card Number _____ Customer Number _____

Transaction Information

Transaction Date

d	d
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m	m
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y	y	y	y
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Merchant/ATM Name _____ Amount € _____

(Note: If more than one transaction is being disputed, please list them individually on separate dispute forms and not as a consolidated total of all the transactions being disputed.)

Reason for Dispute

Please indicate the reason/s for your dispute:

- I did not authorize this transaction and the card has been in my possession at all times.
- I have made other transactions with this merchant but have no knowledge of this one.
- The transaction amount on my statement is not the same as the amount on my credit card slip. (Please enclose a copy). Amount difference is € _____.
- I was issued with a refund slip. (Please include a copy of the refund slip).
- I have made this transaction, however I have not received the related goods or services (Please include all correspondence with the merchant).
- I cancelled this transactions with the merchant. (Please include proof of cancellation).
- Other reasons, please specify:
