

## CARDHOLDER DISPUTE FORM – DEBIT CARD

### CARDHOLDER'S CONTACT INFORMATION

CARDHOLDER'S NAME:			
TELEPHONE NUMBER:	(Home)	(Work)	(Cell)
EMAIL ADDRESS:			

### DISPUTED TRANSACTION CASE DETAILS

TRANSACTION DATE:		TIME		AM/PM
POSTING DATE:		TIME		AM/PM
ABM CARD NUMBER:				
ACCOUNT NUMBER (ICBS):				
AMOUNT OF DISPUTE:		TRANSACTION TYPE: <input checked="" type="radio"/> ABM <input type="radio"/> POS		
ABM LOCATION or MERCHANT NAME/LOCATION:				
REFERENCE NUMBER:				

**IT IS IMPORTANT THAT YOU ENCLOSE COPIES OF ANY DOCUMENTS YOU MAY HAVE WHICH RELATE TO THIS DISPUTE (E.G. RECEIPTS, LETTERS, ABM SLIPS ETC.).**

**Please tick the appropriate box(es)**

- I do not recognize the transaction listed above.
- I certify that the charge listed above was not made by me or any authorized user on my account.
- I performed one transaction, which was posted \_\_\_\_\_ times to my account.
- Funds not dispensed at the ABM, but my account was debited. (Please provide the name of the bank and the location).

My situation is different from the above (Please explain)

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**I confirm that the above information is correct and I authorize you to proceed with the investigation on my behalf.**

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BRANCH CONTACT INFORMATION

BRANCH:		PREPARING OFFICER:	
TEL#:		FAX#:	
EMAIL ADDRESS:			