

Client Dispute Form

Cardholder Name	
Submission Date	
Home Number	
Business Number	
Mobile Number	
Email	

Card Number:

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Disputed Transaction(s) Information:

Transaction Date	Merchant Name (as it appears on the statement)	Transaction Amount	Disputed Amount

I dispute the above-mentioned transaction(s) for the following reason:

From the list below, please:

1. Select the applicable situation, **one only**, and
2. Attach the required documentation as indicated it will not be possible to assist you with your dispute unless all the required document(s) are attached.

Important Note: If a supplementary cardholder is disputing a charge on their card, they **MUST** complete and sign the dispute form. The main cardholder **CANNOT** sign on their behalf

UNAUTHORISED TRANSACTION

I did not authorise this transaction(s). My card was:
(circle **one** of the below choices):

- A Lost/Stolen Date: _____ Location: _____
- B Never received
- C Card was in my possession at the time of the transaction and at all times.
- D Other: _____

MULTIPLE PROCESSING

I authorised only one charge from the merchant in the amount of:

\$ _____
The original amount appeared on my (indicate month) _____

statement, a copy of which is attached.

DUPLICATE BILLING

I was charged more than once for a single authorised transaction (the transaction dates and the amounts of both transactions should be the same)

DIFFERENCE IN AMOUNT

The amount on my sales slip differs from the amount billed. Attached is my receipt showing the amount for which I signed. The difference in amount is:
\$ _____

CANCELLED TRANSACTION / MEMBERSHIP / SUBSCRIPTION

I cancelled this service on _____ (indicate date) according to the merchant's policy. (Please attach documented proof, such as the cancellation number, copies of emails, etc.)

- DEFECTIVE MERCHANDISE** I am disputing the quality of the goods/services received. I contacted the merchant on _____ (enter date) to resolve this issue. (Please specify what goods or services were expected vs. received. Enclose any documentation, which supports your claim, E.G., proof of return, return receipt, tracking number. If you were unable to return the merchandise, please explain why)
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- REFUND / CREDIT NOT PROCESSED**
(Circle **one** choice)
- A. A credit transaction receipt was issued but not processed to my account.
or
B I returned goods to the merchant and did not receive a refund.
(Please include a copy of the credit slip or proof of return).
- NOT AS DESCRIBED** The goods/services received are different from what was ordered/expected. Included please find details of what was expected, received, and my attempt to return the goods. (The cardholder must provide proof of valid attempts to return the merchandise).
- PAID BY OTHER MEANS** I paid for the transaction by _____ (name the method of payment). Enclosed is my receipt, cancelled cheque (front and back), other credit card statement, and any other proof of payment.
- GOODS / SERVICES NOT RECEIVED** My credit card has been charged for the listed transaction; however, I have not received the goods/service.
- I expected to receive _____ from the merchant on ____/____/____. I contacted the merchant on ____/____/____ and their response was _____.
- _____. The matter was not resolved. (The cardholder must provide documented evidence of valid attempts to rectify with the merchant).
- SERVICES NOT RENDERED** I have been billed for this transaction however, the merchant was unable/unwilling to provide the services. I have attempted to resolve the dispute with the merchant and/or merchant's liquidator. (Please provide the expected date of service, reason for the merchant's inability to complete service, and any other supporting documentation).
- CHARGE INSTEAD OF CREDIT** The attached credit slip was listed as a charge on my statement.
- ATM DISCREPANCY**
(Circle **one** choice)
- A. I attempted to withdraw cash from a _____ Bank ATM; but cash did not dispense (ATM receipt attached).
- B I received \$ _____ from the ATM; but my card account was debited for \$ _____ (ATM receipt attached).
- CUSTOMER REQUEST FOR COPY** I recognise this charge; but I require a copy of the sales drafts for my records. I understand that I will be charged \$XXX for each sales draft.
- OTHER REASON** If none of the above reasons apply, please provide a complete description of the problem by detailing your attempted resolution with the merchant and any outstanding issues. Also, enclose any pertinent documentation to support your claim.

CARDHOLDER DECLARATION:

I hereby declare that:

- All information provided above is true and to the best of my knowledge
- I hereby authorise Bermuda Commercial Bank Limited to investigate the transaction(s) in dispute
- Should the dispute be found invalid, or I lose my case, I agree that I may be liable for the sales slip retrieval fee and other processing charges incurred by BCB in the course of the investigation. The bank reserves the right to reverse any temporary credit(s) given in this regard and charge necessary finance charges applicable on the transaction with retrospective effect.
- I understand that the investigation may take 45-180 days (or more if pre-arbitration/arbitration is required) for resolution.

Signature: _____

Date: _____

Note: Signature must be of the person on whose card transaction(s) have taken place