

# First Citizens Bank Limited

## CREDIT / PREPAID CARDHOLDER DISPUTE FORM



Cardholder Name			
Cardholder Address			
Telephone Number		Email Address	
Card Number			

Amount in Dispute	Transaction Date	Merchant Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Dear Credit/Prepaid Card Member,**

The following information is critical in order for us to process your credit card/ prepaid card inquiry. Please check the appropriate box, sign, and return to us, along with a copy of any related documentation as soon as possible:

- I certify the transaction listed above was neither made by me nor by anyone authorized by me to use my card. The card was in my, or an authorized person's possession at the time of the transaction.
- The card used was lost, stolen, counterfeit or I never received issue (NRI). *Please indicate:* \_\_\_\_\_
- I made a transaction with this merchant for \$ \_\_\_\_\_ and the transaction was duplicated. A copy of Sales Slip is attached.
- The amount I was charged differs from the amount billed.  
*Cardholder should enclose a copy of the sales slip prior to alteration.*
- I authorized the sale but returned the merchandise and received a credit slip. The credit has not appeared on my statement nor on the history of my transactions.  
*Cardholder should enclose a copy of the credit slip.*
- I did authorize the sale but have not received the merchandise or service.  
*Cardholder should first contact the merchant and request a credit. Please explain in writing (separate letter to be attached) the results of your contact with the merchant.*
- I did make a transaction with this merchant for which I have been billed for the amount of \$ \_\_\_\_\_ on \_\_/\_\_/\_\_, but the transaction(s) indicated above was not made by me.
- The charge was paid by alternate means but appeared on my statement. Method of alternate payment was \_\_\_\_\_  
*Cardholder should first contact the merchant, and request a credit. Please explain in writing (separate letter to be attached) the exact details of the discussion with the merchant, and enclose a copy of the front and back of the returned cheque/ cash/ debit card receipt.*
- I authorized the sale but the transaction declined; however, the charge still appeared on my statement.
- I cancelled the reservation and/ or services. The cancellation number and date are:  
Cancellation # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- I used the ATM on the day noted above and received partial funds/ no funds. If partial, state amount: \$ \_\_\_\_\_  
ATM receipt attached:     Yes                       No
- I used the ATM on the day noted above but the transaction was duplicated.  
ATM receipt attached:     Yes                       No
- I acknowledge being informed of the investigation fee, which will be automatically charged to my account **only** if it is confirmed that the transaction(s) was completed by me.

**Cardholder's Name (Printed):** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Official Use Only:**

**CSR Name (Printed)** \_\_\_\_\_ **CSR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_