



Disputed Transaction Claim Form

Date:
(YYYY/MM/DD)

Card-holder's Name:

Account Number:

Detail of Disputed Transactions: Kindly itemize transactions as seen on your statement (*do not bulk the transactions in one*). This form can only take three (3) transactions. Complete additional forms if required.

TRANSACTION ENVIRONMENT

Card Present: ☐ Chip ☐ Contactless ☐ Mag Stripe ☐ Card Absent ☐ E-Commerce ☐ MOTO ☐ Other

1. Transaction Date: Transaction Amount ☐ USD / ☐ JMD

Card Type ☐ Credit ☐ Debit ☐ Prepaid Card Used As ☐ Personal/Consumer ☐ Business/Company

Merchant Name: Product
e.g Classic, Gold, Electron, Prepaid or other (please specify)

Merchant Address:
 Transaction Receipt#

2. Transaction Date: Transaction Amount ☐ USD / ☐ JMD

Card Type ☐ Credit ☐ Debit ☐ Prepaid Card Used As ☐ Personal/Consumer ☐ Business/Company

Merchant Name: Product
e.g Classic, Gold, Electron, Prepaid or other (please specify)

Merchant Address:
 Transaction Receipt#

3. Transaction Date: Transaction Amount ☐ USD / ☐ JMD

Card Type ☐ Credit ☐ Debit ☐ Prepaid Card Used As ☐ Personal/Consumer ☐ Business/Company

Merchant Name: Product
e.g Classic, Gold, Electron, Prepaid or other (please specify)

Merchant Address:
 Transaction Receipt#

Dear Customer: In order to properly process your claim, you need to complete the information contained in this form and attach the documents specified below. If you cannot provide the documents required, please contact us.

I declare I had an inconvenience with my Visa Credit Card, as detailed following:

- ☐ I neither authorized nor participated in the transaction of merchant dated for the amount of
- ☐ The transaction of merchant # dated for the amount of was duplicated.
- ☐ The Transaction of merchant # made for the amount of appears on my Account statement for
- ☐ The credit transaction from merchant was processed as a debit.
- ☐ The credit receipt from merchant was never processed.



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☐ The transaction from merchant [] was paid by other means ([]).

☐ Goods from merchant [] was received damaged/ defective.

☐ Goods/Service ordered to the merchant [] were not received by me.

☐ The recurring transaction from merchant [] was canceled / goods were returned by me

☐ I recognize I made a withdrawal attempt for [] but the ATM didn't give me the cash.

☐ I recognize I made a withdrawal for \$ [] but the ATM only gave me \$ []

Please State any supporting documents supplied: []

Other (please specify): [] Number of pages: []

Transaction Receipt(s) ☐ Yes ☐ No

Additional Information

Cardholder Name

Cardholder Signature

Officer Name

Officer Signature