

Please fill in information below in **BLOCK CAPITALS**, using **black ink** and making sure you write inside the boxes provided.

SECTION 1

Firstly, we would like some details about you and your account:

Account holder name (*the name on your card*)

Final 4 digits of your credit card number

SECTION 2

Now we need to know more about what sort of dispute you are raising. Please tick the box next to the statement which describes your dispute, and enter any required information. If further documentation is required, you must send the documents (preferably copies) along with this form.

What is the name of the supplier involved in this dispute?

Can you confirm that you have already tried to rectify the situation with the supplier in question?

☐

Yes

☐

No

Statement
Other information required

1. I do not recognise a transaction, and neither I nor any additional cardholder assigned to my account authorised or participated in the transaction.	<input type="checkbox"/>	On what date did the transaction occur?	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
2. I cancelled the continuous regular payment with this supplier but my account has still continued to be debited.	<input type="checkbox"/>	On what date did you cancel the continuous authority with this supplier?	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
3. My account has been charged multiple times. Only one of these transactions has been authorised.	<input type="checkbox"/>	How many times has your account been charged incorrectly?	<input type="text"/>
		On what date was your account charged?	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>

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DISPUTED CREDIT CARD TRANSACTION FORM

Butterfield Credit Card

SECTION 2 continued

Statement	Other information required
4. I did authorise this item but I returned the goods and requested a refund. The refund has not appeared on my statement.	<input type="checkbox"/> On what date did you return the goods? <input type="text"/> / <input type="text"/> / <input type="text"/> <small>D D M M Y Y Y Y</small> What was the value of the refund you expected? £ <input type="text"/> <small>£ £ £ £ £ £ £ p p</small> Please attach a copy of your refund receipt. <input type="checkbox"/>
5. I did authorise this item but I have not received the goods and/or services. I have tried to contact the supplier without success.	<input type="checkbox"/> Please attach a copy of your sales receipt, a copy of any documentation that you have sent to the supplier and, if applicable, liquidation documentation (documents detailing the insolvency of the supplier). <input type="checkbox"/>
6. I authorised the transaction for one amount to this supplier but was charged a different amount.	<input type="checkbox"/> What was the value of the transaction that you did authorise? £ <input type="text"/> <small>£ £ £ £ £ £ £ p p</small> What was the value of the actual transactions (the one that you did not authorise)? £ <input type="text"/> <small>£ £ £ £ £ £ £ p p</small> Please attach a copy of the sales receipt for the authorised amount. <input type="checkbox"/>
7. I did authorise this transaction, but it has been paid for by other means.	<input type="checkbox"/> Which method of payment did you use to pay? <ul style="list-style-type: none"> • Cash <input type="checkbox"/> • Cheque <input type="checkbox"/> • Debit Card <input type="checkbox"/> • Another Credit Card <input type="checkbox"/> • Other (please specify) <input type="text"/> Please attach a copy of the front and back of any paid cheques, and/or a copy of your sales receipt or statement confirming payment by other means. <input type="checkbox"/>
8. I confirm that I tried to withdraw a sum of money from an ATM but was not successful, either because no money was dispensed, or because a different amount was dispensed.	<input type="checkbox"/> On what date did you attempt to withdraw the cash? <input type="text"/> / <input type="text"/> / <input type="text"/> <small>D D M M Y Y Y Y</small> What amount did you request to withdraw? £ <input type="text"/> <small>£ £ £ £ £ £ £ p p</small> What amount was provided? £ <input type="text"/> <small>£ £ £ £ £ £ £ p p</small>
9. The goods/service were faulty or different to what I ordered.	<input type="checkbox"/> When did you receive the goods/service? <input type="text"/> / <input type="text"/> / <input type="text"/> <small>D D M M Y Y Y Y</small> Please attach a copy of photographs of the product, proof of return/cancellation, and a copy of the receipt/invoice. <input type="checkbox"/>
10. There is another reason for my claim.	<input type="checkbox"/> Please provide details of your dispute in the box below and attach copies of any paperwork or documents that will support your dispute. <input type="checkbox"/>

SECTION 2 continued

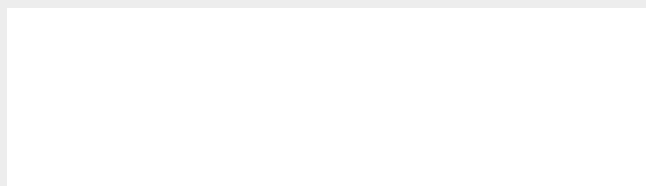
If you have any further information that you feel you haven't been able to include above, please note it in the box below:

Please read the below statement and then sign in the box if you can confirm it is correct.

STATEMENT

I can confirm that I dispute the transaction(s) outlined above. I have also enclosed a copy of all necessary documentation to help substantiate my claim.

Signature



Please sign within this box

Date (please write INSIDE the boxes)

		/			/				
D	D		M	M		Y	Y	Y	Y

Thank you for providing this information. We will contact you on the contact details you have provided when we can confirm if we are able to progress your claim. Until then, if you have any more questions you can call us on 8081756552.

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