SVC CO-OPERATIVE BANK LTD. (Multi-State Scheduled Bank) ESTD.1906

CARDHOLDER DISPUTE FORM

I am/ We are disputing a transaction

Customer 's Name: _____

Branch _____ Account number: _____

Mobile number of customer:_____ Email Id of customer:_____

Sr. No	Transaction Date as in statement	Merchant Name (as it appears in the Bank statement/Passbook)	Bill Amount	Reference Number(RRN) as appearing in Bank statement/Passbook.

Attach annexure if there are more than two transactions.

I dispute the above mentioned transaction(s) for the following reason (please tick one box only)

☐ **Duplicate Billing**

I was charged more than once for a single authorized transaction (transaction date & Amount should be same). I have done the transaction only _____time(s) but I have been billed _____time(s)

☐ **Paid by other means**

I paid this transaction by other means ☐ cash ☐ cheque ☐ other Card

Please enclose proof of payment by other means (i.e. cash, receipt, other credit card transaction receipt etc.)

☐ **Incorrect Amount**

The amount billed to my a/c is different from the amount that I had authorized. Transaction amount was _____ but I was billed for _____.

(Please enclose copy of transaction receipt /charge slip which you authorized).

☐ **Fraud**

I have not authorized the above transaction(s). The card is blocked/ not blocked and is in my possession/ lost/stolen. I will lodge an FIR with police for the same and submit to branch by_____.

I came to know about the unauthorized transactions by (details how the fraud was known _____

_____

_____

_____. I have received SMS for the transactions- Yes/ No

I have shared my confidential details like CVV / Card no / card exp / OTP etc – Yes / No

Acknowledgement for Dispute Form for A/C Number _____

Branch Official Name Accepting the Dispute Form :

Sign of Branch official (PA / RP stamp):

Branch Stamp :

Date & Time :

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☐ **Refund/ Credit not processed**

I have cancelled the transaction but credit / refund not processed /posted to my account
Please find enclosed credit transaction receipt/ void slip/ merchant's letter etc as proof.

☐ **ATM withdrawal**

☐ I have tried to withdraw cash from _____Bank ATM but cash not dispensed (ATM slip copy enclosed).

_____☐ I received only (amount)_____ for ATM withdrawal but my account debited for _____.

☐ **Services not rendered**

Services for the transaction (s) were not rendered due to inability/unwillingness of the merchant. I have attempted to resolve the dispute with the, merchant and/or merchant's liquidator. Date services were to be provided by_____ .(Indicate the date, services were supposed to be provided)
Please enclose proof that the dispute has been addressed to merchant with fax/postal confirmation, if any.

☐ **Others** (Please enclose necessary document to support the dispute & brief about the same)

Cardholder Declaration: I hereby declare that

- All information provided above is true and to the best of my knowledge.
- I hereby authorize SVC Bank to investigate/correct the transaction(s) in dispute.
- Should the dispute be found invalid, I agree that, I may be liable for the sales slip retrieval fee and other processing charges incurred by the Bank in the course of the investigation.

Customer Signature (stamp & sign, if any): _____ Date: _____

For official use: Branch Official Name Accepting the Dispute Form:_____

Date & Time : _____Sign of Branch official (PA / RP stamp) :_____
Branch Stamp :_____ Card block date :_____
Physical verification of the card done – Yes/ No