



**1. MEMBER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Member/Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**2. TRANSACTION / INCIDENT DETAILS**

Date of Transaction / Incident: \_\_\_\_\_

Amount (if applicable): \_\_\_\_\_ Merchant / Payee (if applicable): \_\_\_\_\_

Transaction Type:     RTP         Bill Pay         Internal Transfer         Other

Transaction Reference/Confirmation Number (if available): \_\_\_\_\_

**3. REASON FOR DISPUTE (Check all that Apply)**

**Unauthorized Transactions:**

- I did not authorize this transaction.
- My online banking credentials were compromised.
- A new payee/beneficiary was added without my consent.
- My contact details (email/phone/address) were changed without authorization.
- Unauthorized external account(s) were linked to my account.

**Fraud / Security Concerns:**

- I suspect my login credentials were obtained through email, text, call.
- My device may have been hacked or infected with malware.
- I received a fraudulent call/text/email that tricked me into sharing details.
- I believe someone gained access using my personal information or device.
- Other (please explain): \_\_\_\_\_

\_\_\_\_\_

**4. DESCRIPTION OF DISPUTE** (Please provide details)

---

---

---

---

- When did you last successfully log in? \_\_\_\_\_
- Do you currently have access to your account?  Yes  No
- Have you shared your banking credentials with anyone?  Yes  No
- Did you file a police report?  Yes  No

**5. SUPPORTING DOCUMENTATION ATTACHED:**

- Screenshot(s) of unauthorized activity
- Copies of emails, texts, or messages received
- Police Report
- Other: \_\_\_\_\_

**6. MEMBER CERTIFICATION & DECLARATION**

- I agree** and acknowledge that my photograph may be required to assist in the investigation of my claim.
- I declare** that the above information is true and correct to the best of my knowledge. I understand that the Credit Union may contact me for additional information and that filing a false claim may result in account restrictions or legal consequences.
- I consent** that my personal and financial information collected is to be used for the purposes of investigation of, and resolution of my dispute and may be shared with agencies external to the Barbados Public Workers' Co-operative Credit Union Limited e.g. The Barbados Police Service and/or other financial institutions as required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**N.B.: Disputes could take anywhere from 14 to 30 days, depending on the nature of the dispute.**

**FOR INTERNAL USE ONLY**

Reference Number: \_\_\_\_\_

Form Received By: \_\_\_\_\_  
PRINT & SIGN NAME

Branch/Department: \_\_\_\_\_

Date Received: \_\_\_\_\_

Submission Method:  In-person  Email  Online Portal

Customer Identity Verified:  Yes  No

Police Report Provided:  Yes  No  N/A

Account Status:  Active  Frozen  Closed

Email Recently Changed?  Yes Date: \_\_\_\_\_  No

Account Disabled?  Yes  No

**CHARGEBACK & FRAUD UNIT**

Dispute Completed by: \_\_\_\_\_  
PRINT & SIGN NAME

Member Contacted and Notified on: \_\_\_\_\_

Date Dispute Closed: \_\_\_\_\_

---

---

---