



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

# REAL TIME PAYMENT(RTP) ONLINE DISPUTE FORM

ACCOUNT No.:

**DISCREPANCY ON YOUR ACCOUNT? LET US KNOW!  
COMPLETE THE DETAILS BELOW AND RETURN IN BRANCH.**

## 1. ACCOUNT HOLDER INFORMATION

MR.  MRS.  MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy):

NATIONAL REGISTRATION No.:

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN:

PARISH/STATE:

ZIP/POSTAL CODE:

COUNTRY:

TELEPHONE NOs.: Home:

Work:

Ext.:

MOBILE:

DISPUTED AMOUNT: \$

## 2. RECEIVER

TRANSFeree NAME:

BANK/ CREDIT UNION:

BRANCH LOCATION:

ACCOUNT NUMBER:

DATE & TIME OF TRANSFER: (mm/dd/yyyy):

DISPUTED AMOUNT: \$

## 3. DISPUTE DETAILS

I hereby understand that the dispute and claimed must be raised within 72 hours following the completion of the transaction (s).

I hereby understand that the dispute and claimed process can take up to 3 months (90 days) following the time of the transfer.

MEMBER'S SIGNATURE: ..... DATE (mm/dd/yyyy): .....

Form must be submitted with a copy of a valid photo ID along with a copy of the supporting evidence of transaction.  
For Overseas members enhanced verification process will be done to confirm the validity of the request.

I understand and agree that my request to stop payment, recall or amend my BPW RTP transfer will be effective only with the voluntary consent of the receiving financial institution