



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

DISPUTE FORM DEBIT MASTERCARD

DISCREPANCY ON YOUR ACCOUNT? LET US KNOW!

OVERSEAS MEMBERS MUST SUBMIT A CERTIFIED COPY OF THEIR IDENTIFICATION ALONG WITH THE COMPLETED FORM.

ACCOUNT No.:

Complete the details below and return in branch or email to cardqueries@bpwccul.bb

1. MEMBER 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 NO: Work:		Ext:	
Home:		Mobile	
CARD NUMBER:			

2. TRANSACTION INFORMATION

MERCHANT/ATM LOCATION	TRANSACTION DATA	TRANSACTION AMOUNT

3. DISPUTE DETAILS

Check one box and include a separate list of merchant names, transaction dates etc. if disputed amounts cannot fit above. Please enclose all documentation (invoices, receipts, emails/letters to merchant) relating to the disputed transaction(s).

<input type="checkbox"/> I did not authorise this (these) transaction(s) and no one had my permission to complete this (these) purchase(s).
<input type="checkbox"/> I was charged twice three times for the same transaction.
<input type="checkbox"/> The amount of the transaction was altered from \$ to \$ <i>Attached is a copy of my slip showing the correct amount.</i>
<input type="checkbox"/> I paid for this transaction using another method and not my card. <i>My proof is attached.</i>
<input type="checkbox"/> I have not received the goods/services paid for. I have not been able to resolve this issue with the merchant. <i>Attached are the details of my attempt to resolve.</i>
<input type="checkbox"/> My card was declined or the transaction was not completed. I have not been able to resolve this issue with the merchant. <i>Attached are the details of my attempt to resolve.</i>

