## E-Transaction Dispute/Error Form



| Date: d d m m y y y y   |                         |                                       |                        |                                     |
|---|-------------------------|---------------------------------------|------------------------|-------------------------------------|
| Surname   |                         | Middle Name                           |                        | First Name                          |
| Customer's Name:  |                         |                                       |                        |                                     |
| Please insert first 6 digits  | * * * * * * * * *       | Please insert la                      | ist 4 digits           |                                     |
| A/C No:   |                         |                                       |                        |                                     |
| Phone Number 1:   |                         |                                       |                        |                                     |
| Other Phone: (optional)   |                         |                                       |                        |                                     |
| Email: <mark>(optional)</mark>  |                         |                                       |                        |                                     |
| Amount Refundable   |                         |                                       |                        |                                     |
| Amount Refundable   | Surcharge Amount        |                                       | Less Partial Amou      | int Dispensed <mark>(if any)</mark> |
|   |                         |                                       |                        |                                     |
| T I I A   | T. I.A                  |                                       |                        |                                     |
| Total Amount  | Total Amount In Word    | S                                     |                        |                                     |
|   |                         |                                       |                        |                                     |
|   |                         |                                       |                        |                                     |
| Date of Transaction <sup>d d m m y</sup>  | <sup>y y y</sup> Time o | of Transaction                        | :                      | am pm                               |
| Transaction Type ATM POS  | Mobile Web              | Others (                              | Pls specify)           |                                     |
| Chargeback/Dispense Error Reason Non-Dispense Partial Dispense Merchandise Return |                         |                                       |                        |                                     |
|   | Others (Pls speci       | fy)                                   |                        |                                     |
|   |                         | · · · · · · · · · · · · · · · · · · · |                        |                                     |
| Comment/Request:  |                         |                                       |                        |                                     |
| Terminal where the transaction was d  | one                     |                                       |                        |                                     |
| Bank:   | L                       | ocation:                              |                        |                                     |
| Customer's Signature:   |                         |                                       | Date: <sup>d d m</sup> | m y y y y                           |

Kindly attach receipt of transaction where available

FirstTrust Mortgage Bank reserves the right to recover from cardholder any chargeback credits on claims represented by acquirer bank