



Disputed Transaction Claim Form

Date:
(YYYY/MM/DD)

Card-holder's Name:

Account Number:

Card Used As Personal/Consumer Business/Company **Card Type** Credit Prepaid Debit

Detail of Disputed Transactions: Kindly itemize transactions as seen on your statement (**do not bulk the transactions in one**). This form can only take three (3) transactions. Complete additional forms if required.

TRANSACTION ENVIRONMENT

Card Present:

Chip Contactless Card Absent E-Commerce MOTO (Mail and Telephone Order) Mag Stripe (Swipe Card)

Other

1. Transaction Date:

Transaction Amount USD / JMD

Merchant Name:

Product
e.g Classic, Gold, Electron, Prepaid or other (please specify)

Merchant Address:

Transaction Receipt#

TRANSACTION ENVIRONMENT

Card Present:

Chip Contactless Card Absent E-Commerce MOTO (Mail and Telephone Order) Mag Stripe (Swipe Card)

Other

2. Transaction Date:

Transaction Amount USD / JMD

Merchant Name:

Product
e.g Classic, Gold, Electron, Prepaid or other (please specify)

Merchant Address:

Transaction Receipt#

TRANSACTION ENVIRONMENT

Card Present:

Chip Contactless Card Absent E-Commerce MOTO (Mail and Telephone Order) Mag Stripe (Swipe Card)

Other

3. Transaction Date:

Transaction Amount USD / JMD

Merchant Name:

Product
e.g Classic, Gold, Electron, Prepaid or other (please specify)

Merchant Address:



Disputed Transaction Claim Form

Transaction Receipt#

Dear Customer: In order to properly process your claim, you need to complete the information contained in this form and attach the documents specified below. If you cannot provide the documents required, please contact us.

I declare I had an inconvenience with my Visa Credit Card, as detailed following:

- I neither authorized nor participated in the transaction of merchant dated for the amount of
- The transaction of merchant # dated for the amount of was duplicated.
- The Transaction of merchant # made for the amount of appears on my Account statement for
- The credit transaction from merchant was processed as a debit.
- The credit receipt from merchant was never processed.
- The transaction from merchant was paid by other means ().
- Goods from merchant was received damaged/ defective.
- Goods/Service ordered to the merchant were not received by me.
- The recurring transaction from merchant was canceled / goods were returned by me
- I recognize I made a withdrawal attempt for but the ATM didn't give me the cash.
- I recognize I made a withdrawal for \$ but the ATM only gave me \$

Please State any supporting documents supplied:

Other (please specify): Number of pages:

Transaction Receipt(s) Yes No

Additional Information

Cardholder Name

Cardholder Signature

The [JN Bank Credit Cardholder Agreement](#) (Section 13 – Settling Disputes) guides the process for handling disputed transaction claims. This disputed transaction form should be completed and submitted within 30 days of the transaction date of said disputed transactions.

FOR OFFICIAL USE ONLY

Officer Name

Officer Signature