



WINDWARD ISLANDS BANK  
CARDHOLDER DISPUTED FORM

Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

| Amount in Dispute | Transaction Date | Merchant Name |
|-------------------|------------------|---------------|
| _____             | _____            | _____         |
| _____             | _____            | _____         |
| _____             | _____            | _____         |

The following information is required to process your inquiry. Please indicate all that apply:

- The transaction listed above was neither done by me, or anyone authorized by me to use my card.
- I do not recognize the transaction listed above. Please provide photocopy of the sales draft.
- The amount charged differs from the amount billed. Enclosed is a copy of the signed sales slip.
- I authorized the transaction but the merchandise was returned and I do not received the credit in my account. Enclosed is a copy of the slip.
- The transaction was authorized but I have not received the merchandise or service. I contact the Merchant and they said: \_\_\_\_\_
- I do not accept this transaction because, I only made 1 purchase for the total of \$ \_\_\_\_\_ . Enclosed is a copy of the slip.
- The transaction charged was paid by other means \_\_\_\_\_
- The transaction was made once, however it was charged twice. Enclosed is a copy of the voucher.
- I used the ATM and:
  - I received partial funds of \$: \_\_\_\_\_
  - I do not received funds at all.
- Others: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

I acknowledge being informed of the investigation fee, which will be automatically charged to my account when confirmed that the transaction(s) belong(s) to me.

\_\_\_\_\_  
Cardholder signature

\_\_\_\_\_  
I.D. number

\_\_\_\_\_  
Date