



# Butterfield

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## CREDIT / DEBIT CARD DISPUTE FORM

Card Services

**A cardholder has 45 days from the date of the transaction to dispute the charge.**

**Please Note:** Your card account will be billed \$20 for each disputed charge if it is determined that the disputed charge is a valid one.

Cardholder's Name: \_\_\_\_\_ Card Number

Telephone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Transaction	Amount	Merchant Name

**Directions for Completion:** Please check the appropriate box below and complete the information above, and sign where indicated. It is also helpful if you provide a letter stating the circumstances surrounding the dispute.

- I initiated an ATM transaction but did not receive the funds or I only received part of the funds.
- I certify that the charge(s) listed above was (were) not made by either myself or a person authorised by me to use my card. **I was in possession of my card at all times.**
- The merchant's credit did not post to my account. *(Please enclose a copy of your credit slip or supporting documents from merchant).*
- I was billed twice for a single purchase. *(Describe the transaction on the reverse of this form or on an attached sheet).*
- I did not receive the merchandise or services. *(Describe on the reverse side of this form, or on an attached sheet, your attempts to resolve this matter with the merchant as well as the expected date of delivery of the goods).*
- I was overcharged for the purchase. *(Please enclose a copy of the signed sales receipt that includes your card number).*
- I have contacted the merchant, returned the goods and requested a credit adjustment that I have either not received or have only partially received. *(Please enclose a copy of your sales slip, and for any credit given.)* VISA/MasterCard regulations prohibit us from assisting in this dispute if the sales slip reflects IN-STORE CREDIT.
- I would like a copy of a sales draft. *(Describe on the reverse, or on an attached sheet of paper, the transaction and reason for your request. Please note that the merchant's bank may charge you for this service).*

**I also confirm that neither I nor any other authorised user of this account used this card for the said transactions and/or authorised a third party to participate with these transactions. I/We have no knowledge of the identity or the whereabouts of the person(s) using this card and I/We have not received any benefit or value whatsoever from these charges. I/We understand that Butterfield Bank (Cayman) Limited will perform a thorough investigation in order to determine the outcome of this dispute. All parties on this account will need to sign this form and return to Butterfield Bank (Cayman) Limited.**

Cardholder Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Information Classification: Confidential

Butterfield Bank (Cayman) Limited