

# Disputed Credit Card Transactions Form



To help you with your Credit Card dispute, please complete the relevant sections of this form and return by post to Nationwide Building Society, NCCS, PO Box 8738, Wigston, LE18 9BG.

If you need support in completing this form, please call us on **0800 055 66 11**.

Please fill in information below in BLOCK CAPITALS, using black ink and making sure you write inside the boxes provided.

## Section 1

Firstly, we would like some details about you and your account;

Account holder name (the name on your card)

Credit Card number (the 16 digit number on your card)

### Contact details

Home phone number  Mobile phone

Work phone number

Email address

House number  House name

Postcode

## Section 2

Now we need to know more about what sort of dispute you are raising. Please tick the box next to the statement which describes your dispute, and enter any required information. If further documentation is required, you must send the documents (preferably copies) along with this form.

What is the name of the supplier involved in this dispute?

Can you confirm that you have already tried to rectify the situation with the supplier in question? Yes  No

Statement	Other information required
1. I do not recognise a transaction, and neither I nor any additional cardholder assigned to my account authorised or participated in the transaction.	<input checked="" type="checkbox"/> On what date did the transaction occur? <input type="text"/> What was the value of the transaction? £ <input type="text"/>
2. I cancelled the continuous regular payment with this supplier but my account has still continued to be debited.	<input checked="" type="checkbox"/> On what date did you cancel the continuous authority with this supplier? <input type="text"/> Please attach a copy of the cancellation communication that was sent to the supplier. <input checked="" type="checkbox"/>
3. My account has been charged multiple times. Only one of these transactions has been authorised.	<input checked="" type="checkbox"/> How many times has your account been charged incorrectly? <input type="text"/> On what date was your account charged? <input type="text"/>
4. I did authorise this item but I returned the goods and requested a refund. The refund has not appeared on my statement.	<input checked="" type="checkbox"/> On what date did you return the goods? <input type="text"/> What was the value of the refund you expected? £ <input type="text"/> Please attach a copy of your refund receipt. <input checked="" type="checkbox"/>
5. I did authorise this item but I have not received the goods and/or services. I have tried to contact the supplier without success.	<input checked="" type="checkbox"/> Please attach a copy of your sales receipt, a copy of any documentation that you have sent to the supplier and, if applicable, liquidation documentation (documents detailing the insolvency of the supplier). <input checked="" type="checkbox"/>

## Section 2 continued

6. I authorised the transaction for one amount to this supplier but was charged a different amount.	<input checked="" type="checkbox"/>	<p>What was the value of the transaction that you did authorise?</p> <p>What was the value of the actual transactions (the one that you did not authorise)?</p> <p>Please attach a copy of the sales receipt for the authorised amount.</p>	<p>£ <input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="p"/><input type="text" value="p"/></p> <p>£ <input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="p"/><input type="text" value="p"/></p> <p><input checked="" type="checkbox"/></p>
7. I did not authorise this transaction, but it has been paid for by other means.	<input checked="" type="checkbox"/>	<p>Which method of payment did you use to pay?</p> <ul style="list-style-type: none"> <li>• Cash</li> <li>• Cheque</li> <li>• Debit Card</li> <li>• Another Credit Card</li> <li>• Other (please specify)</li> </ul> <p>Please attach a copy of the front and back of any paid cheques, and/or a copy of your sales receipt or statement confirming payment by other means.</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
8. I confirm that I tried to withdraw a sum of money from an ATM but was not successful, either because no money was dispensed, or because a different amount was dispensed.	<input checked="" type="checkbox"/>	<p>On what date did you attempt to withdraw the cash?</p> <p>What amount did you request to withdraw?</p> <p>What amount was provided?</p>	<p><input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>£ <input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="p"/><input type="text" value="p"/></p> <p>£ <input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="£"/><input type="text" value="p"/><input type="text" value="p"/></p>
9. The goods/service were faulty or different to what I ordered.	<input checked="" type="checkbox"/>	<p>When did you receive the goods/service?</p> <p>Please attach a copy of photographs of the product, proof of return/cancellation, and a copy of the receipt/invoice.</p>	<p><input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p><input checked="" type="checkbox"/></p>
10. There is another reason for my claim.	<input checked="" type="checkbox"/>	<p>Please provide details of your dispute in the box below and attach copies of any paperwork or documents that will support your dispute.</p>	<p><input checked="" type="checkbox"/></p>

If you have any further information that you feel you haven't been able to include above, please note it in the box below;

Please read the below statement and then sign in the box if you can confirm it is correct.

## Statement

**I can confirm that I dispute the transaction(s) outlined above. I have also enclosed a copy of all necessary documentation to help substantiate my claim.**

1 Signature

PLEASE SIGN WITHIN THIS BOX

Date (please write INSIDE the boxes)

Thank you for providing this information. We will contact you on the contact details you have provided when we can confirm if we are able to progress your claim. Until then, if you have any more questions you can call us on 0800 055 66 11.