

**METROPOLITAN BANK & TRUST COMPANY – CARDS AND PERSONAL CREDIT
CARDHOLDER DISPUTE FORM**

ATTENTION: DISPUTES RESOLUTION SERVICES
EMAIL: customerservice@metrobankcard.com

Please complete this form and send it back with the supporting documents, if any, via the email address above.

Cardholder Name: _____ **Contact Number:** _____
Card Number: _____ **Email:** _____

Disputed Transaction Details: (You may attach documents if the space provided for below is insufficient.)

TRANSACTION DATE	MERCHANT NAME	AMOUNT

I have reviewed the above stated transaction/s and hereby file a dispute for reason/s hereunder:

<input type="checkbox"/>	DUPLICATE BILLING I was charged twice for the same transaction.
<input type="checkbox"/>	INCORRECT AMOUNT BILLED The amount charged to my account was incorrect, as actual amount is PHP_____. Enclosed is a copy of the proof of payment showing the correct transaction amount.
<input type="checkbox"/>	PAID BY OTHER MEANS I paid for the transaction through other means. Enclosed is the document to prove the other method of payment. (e.g. cash/cheque receipt, statement of account for a different credit card, etc.)
<input type="checkbox"/>	CANCELLED TRANSACTION/SERVICE I have cancelled the transaction/recurring service with the merchant on_____. Please see acknowledged cancellation letter.
<input type="checkbox"/>	NON-RECEIPT OF GOODS/SERVICES I did not receive the goods/services from merchant last _____. I contacted the merchant regarding this on _____.
<input type="checkbox"/>	UNRECOGNIZED TRANSACTION I do not recognize the transaction and would like to request for a copy of the signed slip. I agree that a retrieval fee of PHP300.00 (per transaction slip) will be charged to my account in case the transaction is valid.
<input type="checkbox"/>	UNAUTHORIZED TRANSACTION I did not authorize the transaction. I did not sign any slip nor received goods/services from the merchant. (Note: Card used in the disputed transaction will be blocked. Please provide a photocopy of the front of the card.)
<input type="checkbox"/>	DEFECTIVE OR NOT AS DESCRIBED Goods/services received were either not as described, damaged/defective, or not suitable for its intended purpose. I have contacted the merchant to resolve the dispute on _____.
<input type="checkbox"/>	CREDIT NOT PROCESSED I did not receive the credit/refund as promised by the merchant. Enclosed is a copy of the credit memo issued by the merchant.
<input type="checkbox"/>	OTHERS – PLEASE SPECIFY REASON: _____

In filing this dispute, I hereby declare that:

- The credit card used for the disputed transaction/s has always been in my or in the supplementary cardholder's possession.
- The credit card has been reported lost/stolen on _____.

SIGNATURE OVER PRINTED NAME / DATE

Important Reminder:

Investigation of the disputed transaction/s may take up to 120 days. Please note that we will only be able to proceed with the dispute process if the requirements are complete. Therefore, it is important that the required steps, such as the blocking of the card, and the submission of the necessary supporting documents are promptly completed.