

ATM Debit Card Transaction Dispute Form

Customer Details																			
Name																			
Card Issuing Bank																			
Card Number																			
Disputed Transaction Details																			
Please tick (√) to select ONE of the following																			
Service Type	<input type="checkbox"/> Cirrus/VISA Plus	<input type="checkbox"/> Regional Card	<input type="checkbox"/> PayNet Shared ATM Network(MEPS)																
Transaction Type	<input type="checkbox"/> Withdrawal <input type="checkbox"/> Ecommerce	<input type="checkbox"/> Fund Transfer <input type="checkbox"/> Prepaid Reload	<input type="checkbox"/> MOTO <input type="checkbox"/> POS																
ATM Transaction done at _____ (Bank) _____ (Branch) Other, please specify _____																			
Response Code/Merchant Name <small>(refer to ATM receipt)</small>		ATM ID /Merchant ID <small>(refer to ATM receipt)</small>																	
Transaction Date (DD/MM/YY)	/ /	Transaction Time (HH:MM)																	
Transaction Amount		Amount Dispenses(RM)																	
Disputed Amount (RM)																			
Dispute Reason(please enclose copy of ATM slip for * item) <input type="checkbox"/> *Non-receipt of cash from ATM / RCDM <input type="checkbox"/> *Non-receipt of fund transferred <input type="checkbox"/> *Other (please specify): _____ <input type="checkbox"/> *Non-receipt of Prepaid Reload <input type="checkbox"/> Duplicate Billing																			
Declaration																			
By signing below I/We confirm that the above information provided is accurate, complete and is a genuine claim. United Overseas Bank (Malaysia) Bhd reserves the right to reject or take further action if the Bank discovers that this claim is inaccurate or false.																			
_____ Signature of Customer		Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td>D</td><td>D</td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td>M</td><td>M</td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>				D	D			M	M					Y	Y	Y	Y
D	D																		
M	M																		
Y	Y	Y	Y																
For Bank Use Only																			
Refund customer account and debit the amount from GL #: 1087100031 - SUSP LIAB - CASH OVER Transactions Ref. No. : _____ Cost Center : _____ Amount (RM) : _____ Receipt Mode : OTC																			
Attended By	Approved By	ATM D.CARD DISPUTE – CIRRUS/VISAPLUS(SNV);SLA = T,latest T+1 Day ATM D.CARD REFUND – CIRRUS/VISAPLUS(SNV);SLA = T,latest T+1 Day ATM D.CARD DISPUTE – MEPS(SNV);SLA = T,latest T+1 Day ATM D.CARD REFUND – MEPS(SNV);SLA = T,latest T+1 Day																	
Name Rec Date & Time <input type="checkbox"/> Customer Signature Verified <input type="checkbox"/> MyKad biometric verified <input type="checkbox"/> Supporting Document, if any	Name	EWF Maker Name Scan Date & Time Job Batch ID No.	EWF Checker Name QR Date & Time No. of Pages																