

ATM Debit Card Transaction Dispute Form

Customer Details																			
Name																			
Card Issuing Bank																			
Card Number	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>																		
Disputed Transaction Details																			
Please tick (✓) to select ONE of the following																			
Service Type	<input type="checkbox"/> Cirrus / VISA Plus / HOUSE	<input type="checkbox"/> Regional Card	<input type="checkbox"/> MEPS																
Transaction Type	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> MOTO																
	<input type="checkbox"/> ECommerce	<input type="checkbox"/> Prepaid Reload	<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 (RM)		Amount Dispensed (RM)																	
Dispute Reason _____																			
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 Prepaid Reload																	
<input type="checkbox"/> *Non-receipt of fund transferred		<input type="checkbox"/> Duplicate Billing																	
<input type="checkbox"/> *Other (please specify): _____																			
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.																			
			Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
Signature of Customer																			
For Bank Use Only																			
<small>Refund customer account and debit the amount from GL #: 1087100031 - SUSP LIAB – CASH OVER</small>																			
Transactions Ref. No.	: _____	Cost Center	: _____																
Amount (RM)	: _____																		
Receipt Mode	: OTC																		
Attended By	Approved By	EWF Maker	EWF Checker																
Name	Name	Name	Name																
Rec Date & Time		Scan Date & Time	QR Date & Time																
<input type="checkbox"/> Customer Signature Verified		Job Batch ID No.	No. of Pages																
<input type="checkbox"/> MyKad biometric verified																			
<input type="checkbox"/> Supporting Document, if any																			