

# COMPLAINT FORM RECURRING TRANSACTION

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## Personal information

First name

Last name

XXXX XXXX XXXX \_ \_ \_ \_

Card number (the last 4 digits)

Account number

Mobile phone number

Merchant name/location

Date of transaction

Transaction amount in CHF

Transaction amount in foreign currency

**Important:** I confirm that my card was neither lost nor stolen and was always in my possession.

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## Details pertaining to the disputed transaction

I object to recurring transactions by this merchant, because:

on \_ \_ \_ \_ \_ i cancelled the subscription according to the terms and conditions of the contractual partner as follows:

in writing (email, fax, letter)

by phone: contact person \_\_\_\_\_

### Mandatory attachments

copy of written cancellation (in case of written cancellation)

signed and detailed written description (in case of cancellation by phone)



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**Comments on your complaint**

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**Signature**

The signatory herewith confirms that the above-mentioned statements are truthful and complete.

For unjustified complaints and/or incorrect or missing information provided in the present form and/or during the complaint procedure, we reserve the right to invoice you with a flat rate of CHF 80 as a cost sharing fee.

This form is only valid with a legally valid signature of the cardholder.

X

Place/date

X

Signature of cardholder

**Please print the completed form and send it signed and with the supporting documents to:**  
Swisscard AECS GmbH, Chargeback, Neugasse 18, CH-8810 Horgen.

