

COMPLAINT FORM INCORRECT TRANSACTION AMOUNT

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.

Details pertaining to the disputed transaction

The transaction amount is not correct. The correct amount is _____.

Mandatory attachments

evidence for the correct purchase amount (transaction voucher, order/booking confirmation, etc.)



Comments on your complaint

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.

