

## Prezzy® card transaction dispute form

epay, PO BOX 132122, Sylvia Park, Mt Wellington 1644

Dispute form (valid from 11 Nov 2020)

1	Customer details	Please print your details clearly in CAPITAL letters, using a pen										
	Name							Access number (if applicable)				
	Card number							(if applicable)				
2	Disputed transac	tion deta	ils									
	I wish to dispute the f	wish to dispute the following transaction/s on my Prezzy Card Credit Card account:										
	Transaction date		Transaction	time	Merchant				Amount			
	D D / M M / Y	YYY	H H / M	M					\$			
	D D / M M / Y	YYY	H H / M	M					\$			
	D D / M M / Y	YYYY	H H / M	M					\$			
	D D / M M / Y	YYY	H H / M	M					\$			
	D D / M M / Y								\$			
	Please select the reas	Please select the reason you would like to dispute these transaction/s (please tick)										
	I'm unsure abou	I'm unsure about this transaction, please clarify the following details:										
	Merchant	t name	Merchant loca	ation	Transac	tion date	Tra	ansaction amount	Other (please details	e specify more on page 2).		
		I did authorise this transaction, but I haven't received any goods or services. They were expected on <b>D D M M M Y Y Y Y Y Y Y Y Y Y</b>										
			-					nt hut Loancelled/at	tempted to co	ancel the		
		The merchant was authorised to deduct automatic payments from my account, but I cancelled/attempted to cancel the authority on DDMMMMVYVVV. I've enclosed a copy of my instructions to the merchant to cancel the authority.										
	The amount appears to be altered from \$ to \$								,			
	(Please attach a c				nd specify more							
	I've already po	paid for goods or services by an alternate means - e.g. cash, another credit card, travellers cheques.										
	I only authorise	ed one transaction (possible duplication). The date of the original transaction was $$ D $$ D $$ M $$ M $$ Y $$ Y $$ Y $$ Y										
		Neither I nor any additional cardholder have authorised or participated in this transaction from the above merchant, nor received any goods or services.										
	The goods I red	The goods I received were not as described or the goods received were defective/damaged.										
	I received a cre	I received a credit for \$ on <b>DD</b> / MM / YYYY which has not been processed. I've										
	enclosed a copy of the credit transaction receipt. Merchandise was returned on DD MM MYYYY. I last contacted											
	the merchant o			-	-							
		raw cash fro	om an AIM an	d didn'	t receive all c	or part of the	e cash	(please specify more deta	ails on page 2).			
3	Authorisation											
		my consent for epay to act on my behalf and understand that when I lodge a dispute and it is not upheld, epay ves the right to debit the transaction and to charge a disputed transaction fee.										
									D D / M M	<b>/</b> Y Y Y Y		
	Primary cardholder's signature											
	When complete, please return this form and supporting documents via either:											
	Mail: PO BO	OX 132122										
	Sylvia		44									
	7415 446	c.iiigton lo	• •									
	Or email to: charge	ebacks@pre	zzycard.co.nz									

You must sign this form.

Important: Please ensure you complete page 2 of this form and attach copies of any documents that support your claim. Lack of documentation may delay resolution of your dispute. A dispute handling fee may be charged.



4 Contact details	contact details								
Phone	Home phone Mobile								
Address									
	Postcode								
Email address									
I would prefer to be co	ontacted by email phone about this dispute (please tick one)								
5 Additional informa	ation								
	ng your dispute, please provide a detailed explanation about the transaction(s).								