

Prezzy® card transaction dispute form

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

Dispute form (valid from 11 Nov 2020)

Customer details	s Please print your details clearly in CAPI	TAL letters, using a pen	
Name	Access number (if applicable)		
Card number			
2 Disputed transc	action details		
I wish to dispute th	ne following transaction/s on my Prezzy Card Credit Card account:		
Transaction date	Transaction time Merchant	Amount	
DD/MM/		\$	
D D / M M /	Y Y Y Y H H / M M	\$	
D D / M M /	Y Y Y Y H H / M M	\$	
D D / M M /	Y Y Y Y H H / M M	\$	
D D / M M /	Y Y Y Y H H / M M	\$	
Please select the reason you would like to dispute these transaction/s (please tick)			
I'm unsure ak	pout this transaction, please clarify the following details:		
Mercha	ant name Merchant location Transaction date Transaction amount	Other (please specify more details on page 2).	
I did authorise this transaction, but I haven't received any goods or services. They were expected on D D / M M / Y Y Y Y I've attached documents showing the expected service or delivery date.			
	nt was authorised to deduct automatic payments from my account, but I cancelled/atte	empted to cancel the	
authority on D D M M M Y Y Y Y Y . I've enclosed a copy of my instructions to the merchant to cancel the authority.			
The amount	appears to be altered from \$\\$		
(Please attach a copy of the sales voucher, receipts etc and specify more details on page 2).			
l've already paid for goods or services by an alternate means - e.g. cash, another credit card, travellers cheques.			
I only authorised one transaction (possible duplication). The date of the original transaction was DD / MM / YYYY			
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 received were not as described or the goods received were defective/damaged.			
I received a			
	copy of the credit transaction receipt. Merchandise was returned on DD MM M M M M M M M M 	y y y y. I last contacted	
	ndraw cash from an ATM and didn't receive all or part of the cash (please specify more detail	s on page 2).	
3 Authorisation			
	for epay to act on my behalf and understand that when I lodge a dispute and it is not uphelc	l enav	
	to debit the transaction and to charge a disputed transaction fee.	,, cpu,	
	p.	D / M M / Y Y Y Y	
Primary cardholder's sigr		, ,	
When complete, please return this form and supporting documents via either:			
Sylv	BOX 132122 via Park		
Mt	Wellington 1644		
Or email to: char	rgeback@epayworldwide.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		
Phone	Home phone Mobile	
Address		
	Postcode	
Email address		
I would prefer to be contacted by email phone about this dispute (please tick one)		
5 Additional information		
To assist us in managing your dispute, please provide a detailed explanation about the transaction(s).		