loaded™

Loaded™ card transaction dispute form

Kiwibank Limited, Private Bag 39888, Wellington 5045

1 Customer details

Please print your details clearly in CAPITAL letters, using a pen

Name _____ Access number _____

Card number _____ Type of card ☐ Christmas ☐ Travel ☐ Everyday

2 Disputed transaction details

I wish to dispute the following transaction/s on my Kiwibank Credit Card account:

Transaction date	Transaction time	Merchant	Amount
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		$
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 about this transaction, please clarify the following details:

☐ Merchant 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.

☐ The merchant was authorised to deduct automatic payments from my account, but I cancelled/attempted to cancel the authority on D D / M M / 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 $ _____ to $ _____
(Please attach a copy of the sales voucher, receipts etc and specify more details on page 2).

☐ I'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 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.

☐ I received a credit for $ _____ on D D / M M / Y Y Y Y which has not been processed.
I've enclosed a copy of the credit transaction receipt. Merchandise was returned on D D / M M / Y Y Y Y.
I last contacted the merchant about this matter on D D / M M / Y Y Y Y.

☐ I tried to withdraw cash from an ATM and didn't receive all or part of the cash (please specify more details on page 2).

3 Authorisation

I confirm that I'm not taking any other action in relation to this dispute.

_____ D D / M M / Y Y Y Y

Primary cardholder's signature

When complete, please return this form and supporting documents via either:

Fax: 04 460 6887

Mail: Card Services
Private Bag 39888
Wellington 5045

Or email to: PLchargebacks@kiwibank.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.

VISA

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4 Contact details

Phone

Home phone

Mobile

Address

Postcode

Email address

I would prefer to be contacted by ☐ mail ☐ email ☐ phone about this dispute (please tick one)

5 Additional information

To help us manage your dispute in a timely manner, please provide a detailed explanation about the transaction(s).

You'll receive an update on progress within 14 working days of receipt of this form.

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Loaded Card Terms and Conditions apply. Kiwibank's disclosure statement is available from any Kiwibank branch or from www.kiwibank.co.nz