

UNAUTHORIZED TRANSACTION DISPUTE DECLARATION

ACCOUNT HOLDER INFORMATION

Full Name

Account / Card Number

Email Address

Phone Number

Billing Address

DISPUTED TRANSACTIONS

Transaction Date	Merchant Name	Amount	Transaction ID / Reference	Reason Code / Comments

DECLARATION & DETAILS

I declare that the listed transactions were not made by me, nor did I authorize or consent to anyone else making them.

My card/credentials were in my possession at the time the transactions occurred.

My card/credentials were lost or stolen on the date specified below.

Date Card/Credentials Lost or Stolen

Date Police Report Filed (if applicable)

CERTIFICATION STATEMENT

I hereby certify that the information provided on this declaration form is true, accurate, and complete to the best of my knowledge. I understand that making false statements regarding unauthorized transactions may subject me to liability, including the closing of my account and potential legal action.

Account Holder Signature

Date

