

Prezzy Card Transaction Dispute Form



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

DISPUTE FORM VALID FROM 22 OCTOBER 2024

1. Customer details

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

Name

Proxy number (15 digits underneath barcode on back of card)

Do not enter the card number from the front of the card

2. Disputed transaction details

I wish to dispute the following transaction/s on my Prezzy Card:

Transaction date (dd/mm/yyyy)	Transaction time	Merchant	Amount \$
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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 overleaf)
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I did authorise this transaction, but I haven't received any goods or services. They were expected on I've attached documents showing the expected service or delivery date.

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 - eg cash, another credit card, travellers cheques.

I only authorised one transaction (possible duplication). The date of the original transaction was

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 credit for \$ on which has not been processed. I've enclosed a copy of the credit transaction receipt. Merchandise was returned on . I last contacted the merchant about this matter on

3. Authorisation

I give my consent for epay to act on my behalf and understand that when I lodge a dispute and it is not upheld, epay reserves the right to debit the transaction and to charge a disputed transaction fee.

Primary cardholder's signature

Date signed (DD/MM/YYYY)

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

Mail PO Box 132122, Sylvia Park, Mt Wellington 1644

Or email chargebacks@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.



4. Contact details

Home Phone

Mobile

Address

Postcode

Email address

I would prefer to be contacted by

Email

Phone

5. Additional information

To assist us in managing your dispute, please provide a detailed explanation about the transaction/s.

Thank you for your patience. You'll receive progress updates via your selected communication method as the claim progresses.