

Please accomplish this form with the required details below and provide all necessary supporting documents. Kindly note that all complaints on Metrobank Credit/Debit/Prepaid Card must be filed within 80 calendar days from the date of disputed transaction(s). You may send the completely filled out form to customercare@metrobank.com.ph (for debit and prepaid card), customerservice@metrobankcard.com (for credit card). The Bank will only be able to proceed with the dispute process if the requirements are complete. Therefore, it is important that the required steps, such as the blocking of the card, and the submission of the necessary supporting documents are promptly completed.

Client Name			
Bank Account Number		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Prepaid Card Number with disputed transaction		<input type="text"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Residence Number		Office Number	
Mobile Number		E-mail Address	

Please enumerate the transactions. Use additional sheets if necessary.

Transaction Date	Merchant/Bank Name	Disputed Amount (indicate currency)

I dispute the above transaction(s) for the following reason (Please tick one box only)

<input type="checkbox"/> DUPLICATE BILLING I was debited twice for the same transaction. Enclosed is the copy of the proof of payment (i.e. transaction payment, acknowledgement receipt, transaction reference number or screenshot of proof of transaction)	<input type="checkbox"/> PAID BY OTHER MEANS I used another form of payment to pay for the above transaction(s). Enclosed is the copy of the proof of payment (i.e. cash/check receipt, transaction receipt from different debit/credit card)
<input type="checkbox"/> DEFECTIVE OR NOT AS DESCRIBED Goods/services received were either not as described, damaged/defective, or not suitable for its intended purpose. I have contacted the merchant to resolve the dispute. Date: _____ Email/contact number: _____ Response: _____ Please specify the defect/discrepancy in the goods/services purchased versus what were delivered/received: _____	<input type="checkbox"/> NO CASH DISPENSED I attempted to withdraw cash, however no cash was dispensed. Enclosed is a copy of the ATM transaction slip. <input type="checkbox"/> NON RECEIPT OF MERCHANDISE I did not receive the goods/services from merchant. Expected date of receipt: _____ I contacted the merchant regarding this on _____ Please specify the description of the goods/services to be received: _____
<input type="checkbox"/> CREDIT NOT PROCESSED I did not receive the credit/refund as promised by the merchant. Enclosed is a copy of the credit memo issued by the merchant on _____.	<input type="checkbox"/> CANCELLED TRANSACTION/SERVICE I have cancelled the transaction/recurring service with the merchant on _____. Please see acknowledged cancellation letter.
<input type="checkbox"/> INCORRECT AMOUNT The amount debited from my account was incorrect as transaction amount should be PHP _____. Enclosed is the copy of the proof of payment with the correct amount (i.e. transaction payment, acknowledgement receipt, transaction reference number or screenshot of proof of transaction)	<input type="checkbox"/> UNAUTHORIZED TRANSACTION I neither participated nor authorized the transaction(s) indicated above. I did not sign any slip nor received goods/services from the merchant. <input type="checkbox"/> I AGREE that the card used in the disputed transaction will be blocked. <input type="checkbox"/> I DO NOT agree to have my card blocked. I will not hold the Bank responsible for any transactions that may go through as a result of refusing to block the card. _____ <input type="checkbox"/> I AGREE to have my MBS, MBOnline, and/or MBOA User ID be disabled. <input type="checkbox"/> I DO NOT agree to have my MBS, MBOnline, and/or MBOA User ID be disabled. I will not hold the Bank responsible for any transactions that may go through as a result of refusing to disable the user ID/s.
<input type="checkbox"/> OTHERS (if none of the choices is applicable) Please provide a complete description of your dispute (i.e. buy load, bills payment, etc.) _____ _____ _____	

In filing this dispute, I hereby affirm that:

<input type="checkbox"/>	My Metrobank Credit/Debit/Prepaid Card has always been in my possession and had not been reported lost/stolen.
<input type="checkbox"/>	My Metrobank Credit/Debit/Prepaid Card has been reported lost/stolen last _____ via: <input type="checkbox"/> Contact Center (88700-700 hotline, customercare@metrobank.com.ph , customerservice@metrobankcard.com) <input type="checkbox"/> Branch: _____
<input type="checkbox"/>	I received an email, call, text message from the following number/email address: _____ <input type="checkbox"/> I followed the instructions of the said caller/message. (e.g.: clicked the link/provided OTP/password) _____

By providing the information above and by affixing my signature on this Form, I authorize Metrobank to process and share my personal information mentioned in this Form with other banks and service providers that may help Metrobank in assessing and validating my dispute. I declare that all information contained in this form is true and that the related documents provided are genuine and valid. I understand that the resolution of the disputed amount(s) is/are subject to the result of the investigation and Metrobank does not guarantee that the disputed transaction(s) will be restituted. The provisions of the Credit/Debit/Prepaid card, Metrobank Online(MBO)/Mobile Banking(MBS)/Metrobank Online Application(MBOA) terms and conditions shall also apply.

Signature Over Printed Name (Client)

Date Filed

Privacy Notice: We collect and process your name, contact numbers, card number and bank account number when you file a complaint with Metrobank, for purposes of coordination and investigation.

You may revoke these authorizations at any time by notifying us at dataprotectiondept@metrobank.com.ph. If you revoke these authorizations, however, it may affect our ability to investigate and to resolve your complaint. All personal information collected will be stored in a secured location; retained in accordance with Metrobank's retention policies; and only authorized employees will have access to them. If you think that your personal data was mishandled in terms of confidentiality or integrity, or if someone tampered with your personal data without your consent, please do not hesitate to contact our Data Protection Officer through the following:

Data Privacy Department
 10F Metrobank Plaza
 Sen. Gil Puyat Avenue, Makati City 1200
 Telephone Number: 63-2-8857-9664
 E-mail Address: dataprotectiondept@metrobank.com.ph