

METROPOLITAN BANK & TRUST COMPANY – CONSUMER BUSINESS SECTOR  
CARDHOLDER DISPUTE FORM

ATTENTION: CHARGEBACK SECTION  
EMAIL: customerservice@metrobankcard.com

Please complete this form and send it back with the supporting documents, if any, via the email address above.

Cardholder Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Email: \_\_\_\_\_

Disputed Transaction Details: (You may attach documents if the space provided below is insufficient.)

TRANSACTION DATE	MERCHANT NAME	AMOUNT

I have reviewed the above stated transaction/s and hereby file a dispute for reason/s hereunder:

<input type="checkbox"/>	<b>DUPLICATE BILLING</b> I was charged twice for the same transaction.
<input type="checkbox"/>	<b>INCORRECT AMOUNT BILLED</b> The amount charged to my account was incorrect, as actual amount is PHP_____. <b>Enclosed is a copy of the proof of payment</b> showing the correct transaction amount.
<input type="checkbox"/>	<b>PAID BY OTHER MEANS</b> I paid for the transaction through other means. <b>Enclosed is the document</b> to prove the other method of payment. (e.g. cash/cheque receipt, statement of account for a different credit card, etc.)
<input type="checkbox"/>	<b>CANCELLED TRANSACTION/SERVICE</b> I have cancelled the transaction/recurring service with the merchant on _____. <b>Please see acknowledged cancellation letter.</b>
<input type="checkbox"/>	<b>NON-RECEIPT OF GOODS/SERVICES</b> I did not receive the goods/services from merchant. <b>Expected date of receipt:</b> _____ I contacted the merchant regarding this on _____. <b>Please specify the description of the goods/services to be received:</b> _____
<input type="checkbox"/>	<b>UNAUTHORIZED TRANSACTION</b> I did not authorize the transaction. I did not sign any slip nor received goods/services from the merchant. <b>I agree that the card used in the disputed transaction will be blocked. Enclosed is a photocopy of the front of the card.</b>
<input type="checkbox"/>	<b>DEFECTIVE OR NOT AS DESCRIBED</b> 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. <b>Date:</b> _____ <b>Email/contact number:</b> _____ <b>Response:</b> _____ <b>Please specify the defect/discrepancy in the goods/services purchased versus what were delivered/ received:</b> _____
<input type="checkbox"/>	<b>CREDIT NOT PROCESSED</b> I did not receive the credit/refund as promised by the merchant. <b>Enclosed is a copy of the credit memo</b> issued by the merchant on _____.
<input type="checkbox"/>	<b>OTHERS – PLEASE SPECIFY REASON:</b> _____

In filing this dispute, I hereby declare that:

- ☐ The credit card used for the disputed transaction/s has always been in my or in the supplementary cardholder's possession.
- ☐ The credit card has been reported lost/stolen on \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME / DATE

Important Reminder:

Investigation of the disputed transaction/s may take up to 120 days. Please note that we 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.