

FIRST CITIZENS BANK LIMITED

Branch:		
Di ancn.		

CHANNEL TRANSACTION DISPUTE FORM

CUSTOMER NAME:				
ADDRESS:				
CIF:	ACCOUNT NUMBER:	TELEPHONE CONTACT	TELEPHONE CONTACT:	
MAIL ADDRESS:				
HANNEL: Retail Onl	line Banking	ebanking		
UERY TYPE: ☐ Bill Pa	yment Credit Card Payment First First	Citizens Transaction Other Financia	al Institution	
AYEE: Custom Payer	e 🔲 Standard Payee			
TRANSACTION DATE	TRANSACTION DETAILS/ PAYEE N	AME & ACCOUNT NUMBER	AMOUNT	
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☐ I authorized the payment but the transaction declined; how	ever, the charge still appeared of	on my account.
☐ I authorized a payment to this payee but entered the incorre	ect amount.	
☐ I made a payment to the payee but they did not receive the	funds.	
CUSTOMER'S COMMENTS:		
DECLARATION: I make this declaration conscientiously believing the sar this declaration which is false in fact, which I know or bel Citizens Bank Limited ("the Bank"). I also hereby consent to the Bank divulging full particular Tobago Police Service and/or any other appropriate public be carried out.	lieve to be false or do not beli ars of my account to any uni	eve to be true, I am liable to First t/department of the Trinidad and
Accountholder Signature	-	
		Date
The processing of claims is governed by First Citizens Bank Limited. claims may be more involved and may take an average of thirty (30) a		ed quickly, it must be noted that some
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