



## Dispute form

### Received or charged amount is incorrect

Cardholder name \_\_\_\_\_

ICS customer number \_\_\_\_\_

**Your ICS customer number is printed on your account statement.**

Card number (please enter the last four digits of your ICS credit card)

XXXX	XXXX	XXXX	XXXX	XX	XX	XX	XX
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Name of merchant \_\_\_\_\_

Payment date \_\_\_\_\_

Amount \_\_\_\_\_ (please specify the amount in the original currency, e.g. USD 100)

#### Reason for disputing the transaction (tick only one option)

**Option A** An ATM dispensed the incorrect amount of cash or none at all. The amount I received was: € \_\_\_\_\_

Please include the following document with this dispute form:

- 1 A copy of your statement, with the relevant payment circled.

**Option B** The amount debited does not match the amount on my receipt.  
Please include the following three documents with this dispute form:

- 1 A copy of your statement, with the relevant payment circled.
- 2 Proof that you have been in contact with the merchant.
- 3 A copy of the receipt with the correct purchase amount.

**Option C** The products or services have been paid for using another method.  
Please include the following three documents with this dispute form:

- 1 A copy of your statement, with the relevant payment circled.
- 2 Proof that you have been in contact with the merchant.
- 3 A copy of a document showing that the amount was paid by another method.

**Option D** I agreed a single payment with this company, but the merchant has charged multiple amounts.

Please include the following three documents with this dispute form:

- 1 A copy of your statement, with the relevant payment circled.
- 2 Proof that you have been in contact with the merchant.
- 3 A copy of your statement, showing an agreed payment to this company.

Please complete this form in full and sign it. Only fully completed forms accompanied by the requested supporting documents will be accepted. By signing this form, you declare that the form has been completed in full and truthfully.

Town/city \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Please send the form and requested supporting documents in PDF format (max. 5 MB) to [chargeback@icscards.nl](mailto:chargeback@icscards.nl).

Alternatively, you can send the documents by post in a sealed envelope with the correct postage to:

International Card Services BV, Chargeback Department, P.O. Box 23225, 1100 DS Diemen, the Netherlands.

You could keep a copy of the form and supporting documents for your own records.