

# Claim form for unjustified transactions



## What do you need to do?

- Please read the claim form carefully, complete it in full and sign every page.
- Send the completed and signed form to: PostFinance AG, Fraud Disputes, Flughofstrasse 35, Postfach, 8152 Glattbrugg. Use the pre-printed address sheet on the last page if required.

## Further course of action

- Once we receive your claim, we will check it carefully. We may need additional information from you.

## Important notes

- You can only dispute the transaction in writing within 30 days from the date of the invoice.
- For security reasons, we do not contact our clients via e-mail and will therefore always contact you by phone or mail.
- Please state the number of the credit card / prepaid card that was used to make the improper bookings.
- The claim form must include the cardholder's signature. Signatures of authorized agents or other persons are not valid.
- Any disagreement with the merchant due to the current complaint, and any resulting claims, shall be settled by the cardholder directly with the merchant in accordance with the applicable General Terms & Conditions for using credit and prepaid cards.

Please mark with a cross

**Multiple debit of same amount**

My card has been debited several times for one purchase made by me.

**Goods/service not received**

I did order the goods/services but have never received them. Furthermore, I have been in contact with the invoicing party on \_\_\_\_\_ in writing / by telephone to clarify this issue (see enclosed documents).

Detailed description of goods/service: \_\_\_\_\_  
\_\_\_\_\_

**Goods/service returned/cancelled**

I returned the goods received on \_\_\_\_\_ but have not received a credit note for this (see enclosed proof of return of the goods).

**Order or hotel/car rental/flight cancelled**

I cancelled the order/reservation on \_\_\_\_\_ in writing / by telephone.

The cancellation number is \_\_\_\_\_.

**Cancelled subscription**

I had cancelled the subscription on \_\_\_\_\_ (see enclosed copy of cancellation).

**Incorrect amount**

I signed a slip to the amount of \_\_\_\_\_ but my card has been debited with the amount of \_\_\_\_\_ (see enclosed copy).

**Credit not booked**

The amount mentioned in the credit note has not been credited to my card account (see enclosed copy of the credit note).

**Paid using another method**

I selected an alternative method of payment to transfer the relevant amount (see enclosed proof of payment). Furthermore, I have been in contact with the invoicing party on \_\_\_\_\_ in writing / by telephone to clarify this issue (see enclosed documents).

**Cash not received**

I did not receive any money from this cash withdrawal.

**Surcharge**

I do not agree with the surcharge(s) to the amount of \_\_\_\_\_ for payment by credit card (see enclosed documents).

**Other reasons**

\_\_\_\_\_  
\_\_\_\_\_



PostFinance AG  
Fraud Disputes  
Flughofstrasse 35  
Postfach  
8152 Glattbrugg

## Adress sheet

Please complete this section

Cardholder confirmation for the disputed transaction:

Last name: \_\_\_\_\_

Phone number (home): \_\_\_\_\_

First name: \_\_\_\_\_

Phone number (office): \_\_\_\_\_

Mobile phone: \_\_\_\_\_