allpay Dispute Declaration Form

Throughout the declaration below we will specify what information you **must** provide us with. Failure to provide this information will delay the completion of your claim. Please ensure this form is completed and returned to allpay within **48 hours** of receipt to ensure that we can begin our investigation promptly and increase the chances to reclaim any lost funds.

Cardholder Details

Title:\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last four digits of the Card Number (if known): \_\_\_\_\_\_\_\_\_\_ Client ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

Address Line 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address Line 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred mode of contact (if required): Phone Letter Email

**Important notice:** In all instances please include any correspondence/documentation which relates to your claim; including proof of order and proof which demonstrates your own attempts to resolve the dispute with the merchant.

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| --- | --- | --- | --- |
| Transaction Date | Merchant Name | Transaction Amount | Disputed Amount |
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**I am disputing the transaction(s) detailed overleaf for the following reasons. Please use the supplementary information page to detail supporting evidence for your claim.**

Goods/services not received - I have not received the services/merchandise I have been charged for. The service/event/concert/delivery (delete as applicable) date was\_\_\_\_\_\_\_\_\_.

Goods/services not as described - The goods/services I have received are different from what was ordered or described. Please detail what was expected and what was received.

Defective merchandise - I am disputing the quality of goods/services I received. Please provide a description of the fault, where applicable, provide photographs and proof of returning the item. If available, include an independent report or second opinion letter from a similar merchant.

Cash machine: cash not received/incorrect cash dispensed - The amount on my receipt from the cash machine differs from the cash received. The difference in amount is \_\_\_\_\_\_\_\_. If available, provide a copy of the receipt from the cash machine.

Duplicated charge - I have been billed more than once by the same merchant. I authorized one charge with this merchant for \_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_, but did not make or authorize £\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_. My credit card was in my possession at the time of this transaction.

Billed for wrong amount - I have been billed for the wrong amount on my account. My card receipt shows \_\_\_\_\_\_\_\_. However, I was billed \_\_\_\_\_\_\_\_.

Payment for cancelled subscription - I have cancelled this service/subscription on \_\_\_\_\_\_\_\_\_. Please provide proof of cancellation, including date and reference number (if applicable). Alternatively, if you have not been able to cancel the subscription directly, please confirm this. Note we will not be able to process your claim without the proof of cancellation.

Refund not received - Merchant has promised to issue a credit and this has not been posted to my account. Please provide proof in writing from the merchant which details the amount, card number and date of the refund.

Payment by other means - I have been charged for a purchase that was paid for by other means. I paid for the transaction by \_\_\_\_\_\_\_\_\_\_\_\_\_ (other credit card, cheque, cash, etc.). **You must provide** **proof of payment by other means** – a copy of the card statement used to pay for goods or receipt.

Transaction not made or authorised by me - I did not make or authorise the transaction(s).

Other (Provide full details of the dispute. Enclose necessary proofs and details.

PLEASE NOTE: Disputes can take up to 60 days to be investigated.

Declaration: I hereby certify that the above information is true to the best of my knowledge. allpay may contact me whenever any further information is required. I authorize allpay and the third-party companies they consider fit to share my information with, to contact the retailer to obtain necessary information on my behalf.

**I consent to any information given within this dispute form, including my contact details, being passed onto Action Fraud & relevant local enforcement to pursue the investigation further if necessary.**

**YES / NO**

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to [clientservicessupport@allpay.net](mailto:clientservicessupport@allpay.net) or via post to Client Services Team, Free Post NAT 20698, allpay Limited, Fortis et Fides, Whitestone Business Park, Whitestone, Hereford, HR1 3SE

**Your Signature**



All instances of **fraud/suspected fraud** will need to be reported to the Police and incident reference must be provided below before we are able to conduct our investigation.

**Incident/crime reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please could you confirm if your card was in your possession at the time of the disputed transactions?

**YES / NO**

Please provide any additional information below:

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