

Please accomplish this form with the required details below and provide all necessary documents. In accordance with MasterCard's chargeback conditions, all complaints on Metrobank Debit/Prepaid MasterCard involving E-commerce and POS transactions must be filed within 110 calendar days from the date of disputed transaction(s). Upon receipt, we will process this within the specified timeframe as indicated at the back of this form.

Client Name													Branch of Account																							
Cardholder Name																																				
Account Number																																				
Card Number																																				
<input type="checkbox"/> Residence Number																	<input type="checkbox"/> Office Number																			
<input type="checkbox"/> Mobile Number																	<input type="checkbox"/> E-mail Address																			

Please enumerate the transactions and use additional sheets if necessary

Transaction Date	Merchant/Bank Name	Disputed Amount (in PHP)

I dispute the above transaction(s) for the following reason (Please tick one box only)

<input type="checkbox"/>	<b>DUPLICATE BILLING</b> I was debited twice for the same transaction. Enclosed is the copy of the proof of payment (i.e. transaction payment, acknowledgement receipt, transaction reference number or screenshot of proof of transaction)
<input type="checkbox"/>	<b>INCORRECT AMOUNT</b> The amount debited from my account was incorrect as transaction amount should be PHP _____. Enclosed is the copy of the proof of payment with the correct amount (i.e. transaction payment, acknowledgement receipt, transaction reference number or screenshot of proof of transaction)
<input type="checkbox"/>	<b>PAID BY OTHER MEANS</b> I used another form of payment to pay for the above transaction(s). Enclosed is the copy of the proof of payment (i.e. cash/check receipt, transaction receipt from different debit/credit card)
<input type="checkbox"/>	<b>CANCELLED SUBSCRIPTION</b> I have cancelled the recurring transaction with the merchant on _____. See attached acknowledged cancellation memo/credit voucher.
<input type="checkbox"/>	<b>NON RECEIPT OF MERCHANDISE</b> I have ordered the goods/services on _____, which I have not received/rendered.
<input type="checkbox"/>	<b>NO CASH DISPENSED</b> I attempted to withdraw cash, however no cash was dispensed. Enclosed is a copy of the ATM transaction slip.
<input type="checkbox"/>	<b>UNRECOGNIZED TRANSACTION (applicable for E-Commerce &amp; POS transactions)</b> I need a copy of the sales draft to determine if the transaction(s) is /are valid. I agree that a retrieval fee will be charged to my account. (PHP 300.00 retrieval fee per transaction)
<input type="checkbox"/>	<b>UNAUTHORIZED TRANSACTION (applicable for E-Commerce &amp; POS transactions)</b> I neither participated nor authorized the transaction(s) indicated above. I agree that a retrieval fee will be charged to my account if the disputed transaction is found to be valid. (PHP 300.00 retrieval fee per transaction)
<input type="checkbox"/>	<b>UNAUTHORIZED WITHDRAWAL/TRANSFER (applicable for ATM, MBD, MBS, and MB Online transactions)</b> I did not use, nor authorized the withdrawal/transfer funds from my account.
<input type="checkbox"/>	<b>OTHERS (if none of the above is applicable)</b> Please provide a complete description of your dispute (i.e. buy load, bills payment, etc.) _____

I hereby affirm that:

<input type="checkbox"/>	My Metrobank Debit/Prepaid MasterCard has always been in my possession and had not been reported lost/stolen.
<input type="checkbox"/>	My Metrobank Debit/Prepaid MasterCard has been reported lost/stolen last _____ via: <input type="checkbox"/> Contact Center (8700-700 hotline or customercare@metrobank.com.ph) <input type="checkbox"/> Branch: _____
<input type="checkbox"/>	I agree to have my card/s blocked to prevent further unauthorized transactions.
<input type="checkbox"/>	I DO NOT agree to have my card blocked. I will not hold the Bank responsible for any transactions that may go through as a result of refusing to block the card.
<input type="checkbox"/>	I agree to have my MBS, MB Online, and/or MBD user ID disabled to prevent further unauthorized transactions.
<input type="checkbox"/>	I DO NOT agree to have my MBS, MB Online, and/or MBD User ID be disabled. I will not hold the Bank responsible for any transactions that may go through as a result of refusing to disable the user ID/s.
<input type="checkbox"/>	My Metrobankdirect account/ Metrobank Mobile Banking/Metrobank Online account/Metrophone account has been disabled last _____ via: <input type="checkbox"/> Contact Center (8700-700 hotline or customercare@metrobank.com.ph) <input type="checkbox"/> Branch: _____

By providing the information above, I authorize Metrobank to process my request and share my personal information with other banks and service providers that may help the Bank in assessing and validating my dispute. I declare that all information contained in this form is true and that the related documents provided are genuine and valid. I acknowledge that the investigation will be completed within the prescribed regulatory turnaround time (refer to the list at the back page) and the amount of transaction(s) in dispute will be withheld against my account until the dispute is resolved. I understand that the resolution of the disputed amount(s) is/are subject to the result of the investigation and Metrobank does not guarantee that the disputed transaction(s) will be restituted. The provisions of the Debit/Prepaid card, Metrobank Mobile Banking/Metrobankdirect/Metrobank Online terms and conditions shall also apply.

Signature of the client	Date
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**Privacy Notice:** We collect your name, contact numbers, card number and bank account number when you file a complaint with Metrobank, for purposes of coordination and investigation.

You may revoke these authorizations at any time by notifying us at [dataprotectiondept@metrobank.com.ph](mailto:dataprotectiondept@metrobank.com.ph). If you revoke these authorizations, however, it may affect our ability to investigate and to resolve your complaint.

All personal information collected will be stored in a secured location; retained in accordance with Metrobank’s retention policies; and only authorized employees will have access to them. If you think that your personal data was mishandled in terms of confidentiality or integrity, or if someone tampered with your personal data without your consent, please do not hesitate to contact our Data Privacy Officer through the following:

Data Privacy Officer  
21F Metrobank Plaza  
Sen. Gil Puyat Avenue, Makati City 1200  
Telephone Number: 63-2-8988557  
Fax Number: 63-2-8934084  
E-mail Address: [dataprotectiondept@metrobank.com.ph](mailto:dataprotectiondept@metrobank.com.ph)

Prescribed Regulatory Turnaround Time

Nature of Dispute	Turnaround Time (TAT) for Resolution
Erroneous/Double Posting of Bills Payment	47 calendar days
Erroneous/Double Posting of Fund Transfer - Corporate	47 calendar days
Erroneous/Double Posting of Fund Transfer - Retail	9 calendar days
Debit Without Sale (POS)	47 calendar days
No Cash Dispensed	7 calendar days
Unauthorized Transaction via ATM (non-EMV card)	47 calendar days
Unauthorized Transaction via ATM (EMV card)	10 calendar days
Unauthorized Transaction via Metrobank Online	47 calendar days
Unauthorized Transaction via MetrobankDirect	47 calendar days
Unauthorized Transaction via Metrophone	47 calendar days
Unauthorized Transaction via Mobile Banking	47 calendar days
Unauthorized Transaction via POS	47 calendar days
Unauthorized Transaction via E-commerce	47 calendar days