



AIB Cardholder Disclaimer Form
(For ATM & POS Debit Fraud/Customer Service Chargebacks)

To be completed by cardholder and returned - Debit Fraud, Card Issuing, AIB Bank, Sandyford, Dublin 18

Cardholder Name : _____
Address: _____

NSC:

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Account Number:

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AIB Debit Card Number:

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Reason Disputed (Please select one option)

- ☐ Unauthorised Withdrawal
☐ Unauthorised Point of Sale Transaction
☐ Refund Not Processed - (Refund copy voucher **MUST** be included)
☐ Transaction Amount Differs by €_____ - (Copy Sales voucher **MUST** be included)
☐ Duplicate Transaction on __/__/__ + __/__/__
☐ Transaction processed on multiple dates __/__/__, __/__/__, __/__/__
☐ Copy Voucher (Retrieval) Request

Card Details (Please select Yes or No to each of the following options)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Card was stolen at the time the transaction took place |
| <input type="checkbox"/> | <input type="checkbox"/> | Card was lost at the time the transaction took place |
| <input type="checkbox"/> | <input type="checkbox"/> | Card has been recently re-ordered but never received - (If YES , Report to Gardai & send on Garda Report) |
| <input type="checkbox"/> | <input type="checkbox"/> | Card was in your possession at all times |
| <input type="checkbox"/> | <input type="checkbox"/> | PIN was disclosed to a third party |
| <input type="checkbox"/> | <input type="checkbox"/> | Card was made available to a third party |

Disputed Transaction Details: (Trans. Date, Trans. Amt & Merchant Name)

Transaction Date	Transaction Amount	Merchant Name



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Additional Customer Comments: (Any additional information which may be of relevance)

Cardholder's Authority:

I hereby authorise Allied Irish Banks, p.l.c. to make enquiries and to disclose relevant information (including copy documentation) relating to my accounts and the attached transaction(s) to any third party including the Gardaí as may be deemed necessary by the Bank for the purpose of investigating this claim.

I have examined the transaction(s) debited from my account and dispute the transaction(s) as detailed on the attached statement. I have **underlined** and **initialled** against each transaction that I am disputing.

I did not make the transaction(s) detailed or authorise any person to use my AIB Debit Card to make this transaction(s).

I am aware that my account may be re-debited, if following investigation the transaction(s) are found to be genuine or alternatively a merchant refunds my account directly.

Cardholder's Signature: _____

Date: __ / __ / __

For Office Use Only

Branch Comments:

Branch Checklist:

Branch Date Stamp

- ☐ AIB Debit Card Dispute Form completed on Alimail*
- ☐ Transaction Details Attached (Ledger and CQ41 / BI48)
- ☐ Card **MUST** be Flagged **Lost/Stolen**- For Unauthorised/Missing in Post
- ☐ Copy of Card History Attached
- ☐ Staff Number: _____

*AIB Cardholder Disclaimer Form should only be completed following completion of AIB Debit Card Dispute Form on Alimail

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