



“1914 से विश्वास का प्रतीक”

The Bihar State Co-Operative Bank Ltd.

Ashok Raj path, Patna – 800 004

Charge-Back Claim Form

REQUEST FOR REVERSAL OF FAILED ATM TRANSACTION

The Branch Manager

..... Branch

Customer Information

Name of Customer*:

Account Number*:

Debit Card NO.*:

RRN Number: (For Office Use Only)

ATM Information

ATM ID / Location. If ID is not available: - [.....]

Name of the ATM Bank & Place*: - [.....]

Complaint relating to Cash withdrawal

Amount requested for withdrawal* [.....]

Amount actually disbursed at ATM* [.....]

Amount debited in Account* [.....]

Date of transaction* [.....]

Time of transaction* [.....]

Declaration: - I hereby declare that above mentioned information is true and authorize bank to debit or credit the amount in my account based on the reports provided by National Payment Corporation of India (NPCI).

Date: - / /

Mobile Number of customer: Signature of the Card Holder

Branch Manager Request / approval/comments

.....
.....
.....

Date: - / / Signature of the Branch Manager

***Note- Please submit SEPARATE forms for each claim**

*** (Mandatory Fields)**