



Tarih...../...../.....

CASH DEPOSIT/WITHDRAWAL OBJECTION  
FORM

Kart No: \_ \_ \_ \_ \_

Name Surname: .....

Phone Number: .....

Email: .....@.....

Address:.....

"The Date of the Disputed Transaction"	"ATM Name Transaction Amount"	"Transaction Amount"
1- .....	.....	.....
2- .....	.....	.....
3- .....	.....	.....

**If you are disputing more than 3 transactions, please add the details of additional transactions that do not fit above to the form.**

I am disputing the transaction(s) above conducted with my card provided information. The reason for the dispute is stated below. I kindly request that the necessary investigation be conducted and the outcome be communicated to me.

Cardholder's Signature

.....

Please select only one option that corresponds to the reason for your objection.

The amount deposited from my card at the ATM of ..... on ..... has not been credited to my account.

The specified amount was not withdrawn from my card at the ATM of ..... on .....

The amounts withdrawn from my card at the ATM of ..... on ..... were not made by me.

After filling out and signing this form, please send it to the email address [itiraz@ep.turkpara.com.tr](mailto:itiraz@ep.turkpara.com.tr) or fax it to (850) 455 88 75.