E-Channels Dispute Form

GTCO
Guaranty Trust Bank Ltd

Branch: _____ Date: Day Month Year

Personal Details

Name: _____
Surname First Name Other Names

Account No.: Phone No:

E-mail Address: _____

Card Number:
Kindly indicate first 6 digits and last 4 dig
its in the card number

Form of Dispute

Bill Payment ☐ Airtime Recharge ☐ Funds Transfer ☐ Web Payment ☐

Non-dispense of Cash ☐ Erroneous Transfer ☐ Others: _____

Mode of Transfer

USSD ☐ ATM/POS Transfer ☐ NIP ☐ Internet Banking ☐ GTWorld/Mobile Banking ☐

Transaction Details

Transaction Date	Transaction Amount	Merchant/Bank Name	STAN

Wrong Beneficiary Details

Name	Account Number	Bank

Correct Beneficiary Details

Name	Account Number	Bank

Indemnity for E-Channel Dispute

I/We _____
authorize GTBank Ltd to recall funds tranferred with details above as it was done in error to a known/unknown beneficiary

_____
Authorized Signatory/Date

For Official Use

Signature: _____ Date Received: _____