

Cash Deposit Machine User Information

Cash Deposit Machine User Name (Last, First, Middle Name)

Card Number		Account Number	
Branch of Account/Card Issuing Branch/Unit		Home Address	
Landline	Mobile Number	Fax Number	Email Address

Transaction Dispute Details

Date	Time	Terminal ID	Destination Account/Amount			Remarks
			CASA/Cash Card Account	Subscriber No./ Institution	Amount Claimed	

Type of Dispute/Request

- | | |
|--|---|
| <input type="checkbox"/> Uncredited Deposit via Cash Deposit Machine | <input type="checkbox"/> Other Request |
| <input type="checkbox"/> Unposted Bills Payment via Cash Deposit Machine | <input type="checkbox"/> Deposited to incorrect destination account |
| <input type="checkbox"/> Certification Letter | <input type="checkbox"/> Posted to incorrect biller |

Terms and Conditions

All disputed transactions are subject to investigation. For disputed transaction beyond 60 days from transaction date (kindly indicate reason why the transaction/s was/were not immediately reported to the bank).

The undersigned hereby affirms that all the information furnished above is true to the best of my knowledge.

Name / Signature / Date

Email this completed form

To : reportCDM@bdo.com.ph
 Subject : CDM Dispute Form_Case ID No. XXXXX
 (Indicate case ID number provided by BDO CCC)

or call

(02) 631-8000
for Customer Service Assistance

Reference guide in accomplishing the form

Date	Date of deposit/payment
Time	Time of deposit/payment
Terminal ID	Terminal ID where the deposit/payment was made
CASA/Cash Card Account No.	Indicate destination account number or cash card number encoded during deposit
Subscriber No./Institution	Reference/Subscriber number (for bills payment only)
Institution Name	Company/Biller (for bills payment only)
Amt Claimed	Amount that should be deposited to the destination account
Remarks	Indicate additional remarks if needed