# PRE-AUTHORIZED DEBIT REIMBURSEMENT CLAIM FORM

Account holder's name:

Debiting party:

Debited amount ($):

Date amount was debited (mm/dd/yy):

I/We declare with reference to the pre-authorized debit (PAD) that:

The PAD was not processed in accordance with my/our PAD Agreement.

My/our PAD Agreement was cancelled/revoked and the debiting party has been notified of it in accordance with the timeframe set in the PAD agreement.

I/We did not receive the required pre-notification of the PAD in accordance with my/our PAD Agreement.

Confirmation of the electronic PAD Agreement was not received within the time frame agreed with the debiting party (no less than 3 days before the first PAD).

The transaction was properly authorized and a pre-notification was received, but I/we did not receive the goods or services I/we paid for.

The transaction was properly authorized and a pre-notification was received, but there was a problem with the goods or services I/we paid for.

I/We have no PAD Agreement or other agreement for PADs with the debiting party and never authorized this debit.

Additional info:

I/We confirm not having received any reimbursement from the debiting party for the PAD and permit Wise to provide this form of Reimbursement Claim to the debiting party and to the financial institution acting on behalf of them for their records. I/We attest that the information provided in this statement is true and correct to the best of my/our knowledge.

Name:

Date (mm/dd/yy):

Signature: