

Incorrect Transaction Notification Form



Customers should complete this form where incorrect account/recipient identifier information was provided in respect of a payment transaction. Permanent TSB will make reasonable efforts to co-operate in the recovery of funds and, in the event that the collection of funds is not possible, Permanent TSB will provide information available to it in order for the customer to pursue a claim to recover the funds.

Please complete Section A and return to
Retail Payment Operations, 1st Floor, Permanent TSB, 56-59 St Stephens Green, Dublin 2

Section B will be completed by Permanent TSB and this form will be returned to you via post upon completion.

Section A: Notification of Incorrect Transaction Information.

Date of Payment:	<input type="text"/>
Payment Amount:	<input type="text"/>
Payment Currency:	<input type="text"/>
Intended Recipient(s) Name:	<input type="text"/>
Intended Recipient(s) BIC/IBAN:	<input type="text"/>
Intended Recipient(s) Bank Name and Address (if known):	<input type="text"/>

Declaration: I declare that the above information is complete and accurate.

*Signature	<input type="text"/>	Date:	<input type="text"/>
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Customer Name:	<input type="text"/>
Customer Address:	<input type="text"/>
IBAN of account number from which the payment was made:	<input type="text"/>

* Non Personal Customers: This form should be completed by authorised persons in accordance with the mandate that has been provided to the Bank.

Section B: Completed by the Bank.

Payment Reference ID:	<input type="text"/>
Recipient Bank Name:	<input type="text"/>
Recipient Bank Address:	<input type="text"/>
	<input type="text"/>
Date Payment Sent:	<input type="text"/>

Response from Recipient Bank:	Confirmation of Funds Received <input type="checkbox"/>	No Response <input type="checkbox"/>	Other: <input type="text"/>
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Signed on behalf of Permanent TSB

Signature	<input type="text"/>	Date:	<input type="text"/>
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