

COMPLAINT HANDLING FORM FOR MERCHANT COMPLAINTS PERTAINING TO THE CODE OF CONDUCT FOR THE CREDIT AND DEBIT CARD INDUSTRY IN CANADA



Name of person submitting the complaint: _____

Merchant business name: _____

Merchant street address: _____

City: _____

Province/Territory

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador

- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island

- Quebec
- Saskatchewan
- Yukon

Postal code: _____

Phone number: _____

E-mail address: _____

Name of acquirer: _____

Date merchant spoke with acquirer: _____

Name of payment processor: _____

Merchant Number: _____

Name of acquirer representative: _____

The policy element of the Code that the complaint pertains to:

- | | |
|---|--|
| <input type="checkbox"/> Element 1: Transparency and Disclosure | <input type="checkbox"/> Element 8: Separate cards /default settings |
| <input type="checkbox"/> Element 2: Notice of fee increase or new fee | <input type="checkbox"/> Element 9: Premium products |
| <input type="checkbox"/> Element 3: Contract Cancellation | <input type="checkbox"/> Element 10: Negative Option Acceptance |
| <input type="checkbox"/> Element 4: No Obligation Acceptance | <input type="checkbox"/> Element 11: Contactless Payments |
| <input type="checkbox"/> Element 5: Payment Method Discount | <input type="checkbox"/> Element 12: Renewal and Cancellation Disclosure |
| <input type="checkbox"/> Element 6: Competing domestic debit applications | <input type="checkbox"/> Element 13: Complaint Handling Process |
| <input type="checkbox"/> Element 7: Equal branding | |

Please provide a summary of your complaint:

Mail supporting documents: If applicable, please mail supporting documentation, along with your completed complaints handling form to:
Amex Bank of Canada
P.O. Box 3204, Station "F"
Toronto, Ontario, M1W 3W7
Attn: Manager Merchant Customer Care Support

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