

## A. Membership Details

(PLEASE PRINT IN BLOCK LETTERS)

Cardholder's details

Title  Given Name(s)  Surname

Address  Membership Number

Card Number

## B. POS Dispute - PIN used

(PLEASE PRINT IN BLOCK LETTERS)

Date  Time  Amount  Merchant name

Merchant location

Details of Problem

## C. ATM Dispute Details - PIN used

(PLEASE PRINT IN BLOCK LETTERS)

- ATM Cash withdrawal malfunction     
  ATM Fraud     
  Card Compromised  
 ATM Cash deposit malfunction     
  Card Stolen     
  Card Lost

**All ATM frauds must be reported to the police and card cancelled**

Police Report Number  Police Station

Name of Police Officer  Date & Time Police Report was made

### Transaction Details

Date  Time  Location

ATM / system owner  Amount Requested  Amount Received

Details of problem

- I agree to pay the ATM Dispute fee of \$25.00 per transaction if any of the disputed transactions prove to be valid

## D. Visa Transaction Dispute Details - PIN not used

(PLEASE PRINT IN BLOCK LETTERS)

- Card Lost     
  Card Stolen     
  Card compromised

**All card present visa transactions (paywave) must be reported to the police and card cancelled**

Police Report Number  Police Station

Name of Police Officer  Date & Time Police Report was made

### Reason for dispute

- I did not authorise the transaction(s) nor did any other party on the account  
 I only authorised one of the transactions (apparent duplication)  
 I acknowledge the transaction(s) occurred. However the amount on my statement is incorrect.  
 Correct amount \$

- I did engage in the transaction but did not receive the goods/services ordered (e.g. mail/telephone order)
- I cancelled the authority with the merchant on the following date
- A copy of the cancellation letter to the merchant must be provided
- A refund receipt was issued but credit has not been received

**Details of Disputed Transaction(s) (PLEASE PRINT IN BLOCK LETTERS)**

Please list disputed transactions individually below

Date	Merchant Name	Amount (Aust \$)	Amount (Foreign \$)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

- I agree to pay the VISA investigation fee of \$30.00 per transaction if any of the disputed transactions prove to be valid

**Please provide additional information on the true nature of the dispute**

**Declaration**

I declare that the above information is true and correct.

Signature

X Date / /

Signature

X Date / /

**Remote Access Use Only**

Operator Name

Date and time received