

EFTPOS/Visa Transaction Enquiry/Complaint



Cardholder Name: Membership Number:

Cardholder Address:

Cardholder Contact Details: Mobile: Work: Home:

Card Number:

DETAILS OF UNAUTHORISED TRANSACTIONS

Details can be found on your account statement or by phoning 1300 056 953. If you require more space, please complete a second form. Alternatively, you can attach a copy of your statement with unauthorised transaction(s) highlighted.

Amount	Date	Time	Name of merchant	Location
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>	<input type="text"/>
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\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>	<input type="text"/>

DETAILS OF LAST AUTHORISED TRANSACTION

Please provide details of the last authorised transaction on the access card/account:

\$ / / : AM PM

NOTE: PLEASE COMPLETE ALL DETAILS ACROSS BOTH PAGES TO AVOID ANY DELAY

ADDITIONAL DETAILS (please tick and complete as applicable)

Was the transaction/s authorised? Yes No If **Yes**, was it authorised by: PIN Signature

Was card signed on back? Yes No

Was PIN known to others? Yes No

Did you keep a record of the PIN? Yes No If **Yes**, where was the record kept?

Was card: Lost Stolen Misused Date and time first known: / / : AM PM

Was PIN: Lost Stolen Date and time first known: / / : AM PM

Was loss reported to Hotline? Yes No If **Yes**, reference number:

Was fraud reported to Police? Yes No If **Yes**, what is the job number:

Method used to report incident:

Date and time first known: / / : AM PM

FURTHER INFORMATION

Please provide additional information on how loss, theft or misuses occurred of card and/or PIN as well as any additional steps taken to protect the security of your card and/or PIN.

MEMBER ACKNOWLEDGEMENT

I/We have been advised of the Dispute Resolution Process

I/We have been advised that a fee may apply if this transaction is found to have been authorised by a party to the account. Refer to the Schedule of Fees and Charges Brochure.

Signature

Print Name

Date / /

Branch Use Only:
Request received at Branch: / / Signature verified Event loaded in P&R
Received by: Forwarded to Central Team: / /
Receipt Number:

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