



Account Number

Card Number

						XXXXXX				
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Cardholder Name

Is the card still in your possession?

Yes - Go to Transaction Details section

No - Complete the following

Police report number:

Has the PIN been recorded anywhere (e.g. on the card, on paper) :

No

Yes

If yes, where? _____

Has the PIN been disclosed to a Third Party (e.g. family member/friend):

No

Yes

I, (name of account holder)

wish to dispute the following transaction(s):

[illegible]

If the table above does not allow for all disputed transactions please attach statement/s with each of the disputed transactions highlighted.



REASONS FOR QUERY

Which of the following would best describe the reason for your query?

I did not authorise the transaction/s, nor did any other party to this account.

I only authorised one of the transactions from the merchant (i.e. possible duplication).

I did not receive the goods or services and have contacted/attempted to contact the merchant.
(Please provide any proof of contact).

A credit, as agreed with the merchant, has not been processed. Return or cancellation date: / /
(Please provide copy of credit voucher if applicable)

I have cancelled the authority with the merchant but my account is still being charged.

I confirm this authority was cancelled on I enclose a copy of my letter of cancellation to the merchant.

I used another method of payment for this transaction, not the above card, and I enclose my proof of payment.

I was short-paid when withdrawing at an ATM (Please provide details here).

Date	Time	Amount withdrawn	Amount received
		\$	\$
		\$	\$

IMPORTANT DETAILS OF THE SITUATION

Before we can investigate your query, we need to know the details of the situation and what contact has been made with the merchant/s involved.
(You should attach copies of voucher/s and any other documentation that may assist with our investigation.)

AUTHORITY

The facts provided by me are accurate to the best of my knowledge and I am not currently pursuing any other remedies for resolution.

Daytime contact number

Email address

Signature

Date