



Customer Investigation Request for Disputed Paper Based Credit Card Transactions

- Please keep a copy of this completed form and original documentation.
- The signed form must be sent to the address indicated.
- If acknowledgement of your fax is not received within 5 days please follow up.

To **Operations Processing Centre, Reconciliation and Disputes**
 PO Box 492, LIDCOMBE NSW 1825
 Facsimile number (02) 8737 3234

From Branch number Branch/Department name

Credit Card account number Branch reference Date

Title (Mr/Mrs/Miss/Ms) Surname Initials

I am the Principal Cardholder Additional Cardholder

Type of disputed transaction (please tick as appropriate)

- I did not authorise the transaction/s nor did any other party to this account.
 - I have not completed a transaction for the same amount with a different merchant.
 - I only authorised one of the transactions (apparent duplication).
 - I did engage in the transaction but did not receive the goods/services ordered (mail/telephone order).
I have contacted/attempted to contact the merchant without success.
 - I have cancelled the authority with the merchant but my account is still being charged.
I enclose a copy of my letter of cancellation to the merchant and confirm the authority was cancelled on .
 - Missing payment – Date of payment Location
- (Branch use only** If payment processed at your branch copy of on line report must be attached to F18.)
- The attached credit voucher has not been credited to my account.
 - I used another method of payment for this transaction, not the above credit card account and I enclose my proof of payment.
 - Other (eg amount/s incorrectly processed).

Please attach copy of voucher/s and any other documentation available that may assist us in our investigation. Please specify the exact nature of the dispute and if contact has been made with the merchant involved.

Details of disputed transaction/s as they appear on your statement. Please attach a copy of statement/s if available.

Date	Reference number	Merchant description	\$ Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I authorise the Bank to correct the transaction/s in dispute.

Cardholder signature Date

Address
 Postcode

Contact telephone numbers (include STD Area Code)

Home Business

Care
 Disputed Autobank/Handybank cash advances must be lodged on form 000-459 Customer Investigations Request for Disputed Card/PIN Transactions (Refer C/I 32B).