

Card Transaction Dispute Advice



Customer and Transaction Details

Card Number: Account Number:

Cardholder Name (as appears on statement):

Address:

Phone: (w) (h) (mobile)

I wish to dispute the following transactions on my Bendigo Bank card account (transactions on hold are not to be included):

Date:	ATM/Merchant Location:	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"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$

Reason for Disputing Transaction(s)

Please tick relevant boxes:

- Card or Additional Card was lost/stolen and unauthorised transaction(s) have been debited to my account. **Please complete reverse of form.**
- I did not authorise or participate in the transaction(s). **Please complete reverse of form.**
- I do not recognise the transaction(s) and would like more information.
- ATM did not dispense any cash.
- ATM malfunction – only dispensed part of the cash. Please provide details of amount received below.
- Transaction(s) has been debited to my account more than once.
- A direct debit authority was cancelled on / / , however unauthorised payments have continued to be debited from my account. **I have notified the relevant organisation in writing** Yes No **Copy of notification attached** Yes No
- I have not received goods or services for the transaction(s). The expected service/delivery date was / / .
- A credit has not been processed to my account for the transaction(s). A copy of the credit transaction receipt is attached.
- Other – provide details

Any additional information you can provide which will assist with this investigation:

Note: Should the transaction/s in dispute be found to be legitimately authorised by yourself or any other authorised party, a voucher retrieval fee per disputed transaction may be applied.

Cardholder Signature: Date: / /

Important Information for Cardholder

- Please attach a copy of voucher/s, statements and any relevant documentation that may assist in our investigations.
- Please attach a copy of your written request for cancellation of a direct debit to the relevant organisation from where the direct debits are coming from, to assist with our investigation.
- Retain a copy of this form and original documentation.
- Disputes may take up to 45 days to resolve, as it is often necessary to liaise with other financial institutions to retrieve additional documentation/information. You will be advised in writing of our intended action.

Bank Use Only

Cards must be closed if lost/stolen and/or if fraudulent transactions have occurred.

Forms to: Card & Merchant Disputes – Fountain Court PO Box 480 Bendigo Victoria 3552 or Fax:(03) 5485 7672.

Has the card been closed? Yes No

Branch Name: Branch No.:

Staff Member's Name: Staff No.:

Please complete for all unauthorised card transaction(s)

1. The last valid transaction was:

Date: / /	ATM/Merchant Location:	Amount: \$
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2. Was the card lost or stolen? If so, give the actual date and time the loss/theft occurred.

3. When and how did you become aware of the loss/theft?

4. How did you report the loss/theft to us? (eg. telephone/visit local Branch)

5. What was the date and time you did this?

6. How did the loss/theft occur? (eg. house-break in, purse/wallet stolen)

7. Where did the loss/theft occur? (eg. office, home, travelling on bus/train etc)

8. If the card was not lost or stolen, where was the card at the time of the transaction?

9. Was the card signed? Yes No

10. Have the Police been notified? If so, give details of the date and time and provide a copy of the Police Report.

11. Did you keep a record of your P.I.N. (either disguised or undisguised)? If so, how was it recorded and where was the record kept?

12. Was the record of the P.I.N. stolen as well?

13. Has the P.I.N. been disclosed to anyone else (including family members)? If so, provide the name, address, telephone number and relationship to you.

14. Please provide any additional information which you feel may help us in assessing your claim. This may include the circumstances surrounding the loss/theft of your card and/or P.I.N., the steps you took to ensure the security of your P.I.N. etc.
