

EFTPOS/Visa Transaction Enquiry/Complaint



Cardholder Name: Membership No.:

Cardholder Address:

Cardholder Contact Details: Mobile: Work: Home:

Card No. (card used for transaction/s in question—only complete first and last four digits): X X X X

THIRD PARTY ACCESS TO CARDS/ACCOUNTS IN QUESTION

Are there any third parties who have access to use cards and/or accounts from which the transactions in question were made?

NO (move onto next section) YES—please provide details below:

Member No. (if applicable):	Name:	Do they have Authority to Operate on card/account?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I PROVIDED THEM WITH ACCESS
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I PROVIDED THEM WITH ACCESS
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I PROVIDED THEM WITH ACCESS

DETAILS OF UNAUTHORISED TRANSACTION/S

Details can be found on your account statement or by phoning 1300 361 761. If you require more space, please use the relevant fields on the following page. Alternatively, you can attach a copy of your statement with unauthorised transaction(s) highlighted.

Amount	Date	Time	Name of merchant	Type of electronic equipment used and location
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>

(see next page for additional space)

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 fraud reported to Police? YES NO If **YES**, what is the job number:

Method used to report incident:

Date and time reported: / / am / pm

FURTHER INFORMATION

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

DETAILS OF ADDITIONAL UNAUTHORISED TRANSACTION/S (continued from first page)

Amount	Date	Time	Name of merchant	Type of electronic equipment used and location
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/>

Signature	Print Name	Date / /
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OFFICIAL USE ONLY	Request received at Branch: <input type="text"/>	Date and time paperwork received: <input type="text"/> / <input type="text"/> / <input type="text"/> am / pm	Receipt No. <input type="text"/>
	Received by: <input type="text"/>	Date and time phone report received (if applicable): <input type="text"/> / <input type="text"/> / <input type="text"/> am / pm	