

CARD TRANSACTION INVESTIGATION

USE THIS FORM TO: Dispute a transaction on your Geelong Bank Visa Debit, Redicard or Credit Card. We recommend that you lodge your dispute and any supporting documentation as soon as possible. Delay in providing this information may affect our ability to successfully resolve your dispute. If your card was lost or stolen please contact us on 1300 361 555 immediately.

1. MEMBER DETAILS

Member number: Contact phone number:

Title: Surname: First name(s):

Card number: * * * * *

Has the PIN been recorded anywhere (e.g. on the card, on paper)? No Yes, where:

Has the PIN been disclosed to a third party (e.g. a family member / friend?) No Yes, where:

2. TRANSACTION DETAILS

Please fill in the transaction details below:

Date:	ATM / Merchant Name (as shown on statement)	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"/>

3. REASON FOR DISPUTE - NOTE: IF YOU ARE THE VICTIM OF FRAUD PLEASE CALL 1300 361 555

dispute (we may Reason for Dispute	Documents and actions will assist us to process your contact you to request further information if required)
<input type="checkbox"/> Duplicated/Incorrect transaction	1. Copy of sales receipt
<input type="checkbox"/> Goods/Services not received	1. Copy of sales receipt 2. Delivery information 3. Details of the merchant response to your contact
<input type="checkbox"/> Goods not as described	1. Copy of your sales receipt 2. Details of the merchant response to your contact
<input type="checkbox"/> Cancelled subscription/trial	1. Evidence of cancellation
<input type="checkbox"/> Payment made by other means	1. Copy of your sales receipt or other evidence of payment
<input type="checkbox"/> Unauthorised transaction/s	1. Please add relevant details to Section 4 – More information on this form. We may contact you to request further information if required,
<input type="checkbox"/> Unauthorised transaction/s – Card will be cancelled	1. Please add relevant details to Section 4 – More information on this form. We may contact you to request further information if required,
<input type="checkbox"/> Attempted ATM withdrawal and cash not received	
<input type="checkbox"/> Damaged goods received	1. Delivery information
<input type="checkbox"/> Other – Please provide details	

Additional Comments:

Please note the following:

- It is important to notify us of any disputed VISA transactions as soon as possible within 90 calendar days from the transaction date. If you don't, we may lose any chargeback right we have under the VISA scheme rules. However, this doesn't apply to an unauthorised transaction that is regulated by the ePayments Code.
- Upon receipt of all requested information, your dispute should be resolved within 45 days. If this time frame is exceeded, Community First Credit Union will advise you in writing.
- Community First Credit Union will make a determination of liability for the disputed transaction and will advise you in writing of the outcome of the investigation.
- If you subsequently recognise the transaction/s and no longer wish for Community First Credit Union to investigate, please call us on 1300 13 22 77.
- The resolution of your dispute will be in accordance with the ePayments Code, VISA International Operating Regulations and the Terms and Conditions of your account.

*Refer to schedule of Fees and Charges.

4. MORE INFORMATION

5. UNKNOWN TRANSACTION

Unsure what a transaction is? We suggest you take these steps:

- Enter the merchant name into an internet search engine - do you recognise the results
- Contact the merchant to find out about the transaction
- Compare your statement with your receipts. You might find a matching transaction
- Ask any other cardholders linked to the account whether they made the transaction

6. CUSTOMER DECLARATION

I declare that this claim and the information relating to this claim are true and correct. I am aware that resolution of my claim may be delayed, or my claim may not be able to be properly investigated, if additional information is required from me to assist with Geelong Bank's investigations, I consent to the information contained in this form, and any attachments, being disclosed to any relevant third party (including the merchant involved) for the purposes of Geelong Bank's investigation of this matter.

Signature

Date

Once you have completed this form:



Email completed form to:
info@geelongbank.com.au



Drop it into a branch

What's next?

1. We will be in touch within 5 days of receipt. Please be aware that we will communicate via email or SMS.
2. In most cases we will act on your behalf to request a return of funds from the merchant. We will be in touch if we have any further requirements.
3. We will be able to commence our investigation in a more timely manner if the form and all relevant supporting materials sent to us via email.

We're here to help

If you need assistance completing this form, call us on **1300 361 555** or drop into your local branch.