

1. MEMBER DETAILS

Member number:	<input type="text"/>	Contact phone number:	<input type="text"/>		
Title:	<input type="text"/>	Surname:	<input type="text"/>		
	<input type="text"/>	First name(s):	<input type="text"/>		
Card number:	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Has the PIN been recorded anywhere (e.g. on the card, on paper)?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, where:	<input type="text"/>
Has the PIN been disclosed to a third party (e.g. a family member / friend)?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, where:	<input type="text"/>

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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. REASON FOR DISPUTING

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).

Please tick one of the following boxes:

- I do not recognise the transaction(s) and would like more information. I acknowledge a voucher retrieval fee of \$20.00 will be charged*
- I advise that I neither made nor authorised the transaction(s). I have reported the fraud to the Police and enclosed a completed statutory declaration form.

ACORN number: (www.acorn.gov.au) ^Please attach a copy of the ACORN report.

Card lost / stolen on: (if applicable)

- Transaction was only authorised once, but has been debited from my account twice.
- ATM withdrawal - Cash partially dispensed. Enter amount received:
- I did not receive the goods or services and have contacted / attempted to contact the merchant (please provide proof of contact).
- I used another method of payment for this transaction, not the above card and I enclose my proof of payment.

Declaration and signature

Signature:	Print name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.