

**Please fax this form with supporting documentation to (02) 4921 9106
or drop into any Greater Building Society branch.**

MEMBER DETAILS

Date: _____ Account Number: _____

Title: Mr/Mrs/Miss/Ms Surname: _____ Given Names: _____

Address: _____

_____ State: _____ Postcode: _____

Telephone: Business: _____ Home: _____ Mobile: _____

TRANSACTION TYPE: **ATM** **EFTPOS**
(IF THIS TRANSACTION IS UNAUTHORISED PLEASE COMPLETE SECTIONS 4 TO 6 ONLY)

SECTION 1 - INCORRECT PAYMENT OF WITHDRAWAL OR FUNDS NOT RECEIVED

Location of ATM or EFTPOS Machine: _____

Financial Institution: _____ Date: _____ Time: _____ am/pm

Amount Requested \$: _____ Amount Received \$: _____

SECTION 2 - DUPLICATE TRANSACTION

Date: _____ Location of ATM or EFTPOS Machine: _____

Amount of transaction \$: _____ Amount debited \$: _____

SECTION 3 - TRANSACTION NOT RECOGNISED

Date of transaction: _____ Amount of transaction \$: _____

Details of transaction: _____

SECTION 4 - UNAUTHORISED TRANSACTION(S)

HOTCARD FLAG MUST BE SET FOR ALL UNAUTHORISED TRANSACTIONS PRIOR TO SUBMITTING THIS FORM.

Note: All unauthorised transactions must be reported to the Police

Details of Unauthorised Transactions:

Date: _____ Amount \$: _____ Location: _____

Date: _____ Amount \$: _____ Location: _____

Date: _____ Amount \$: _____ Location: _____

Date: _____ Amount \$: _____ Location: _____

PROVIDE A BRIEF DESCRIPTION OF HOW THE UNAUTHORISED TRANSACTION OCCURRED.

SECTION 5 – NOTIFICATION OF UNAUTHORISED USE

Loss or theft noticed: Time: _____ Date: _____

Reported to: GBS
 First Data International (Cashcard)
 VISA Global Customer Assistance Service
 Other – please specify: _____

Exact date and time reported: Time: _____ Date: _____

ATM / EFTPOS requests only:

Item(s) lost/stolen: Card(s) Pin(s) Both

Was the card signed?: No Yes

Have you disclosed your PIN to another person: No Yes

If yes to whom: _____

If a record of the PIN was maintained, state how and where details were recorded and an example:

Is this card in your possession now? No Yes

SECTION 6 – POLICE NOTIFICATION DETAILS

Note: All unauthorised transactions must be reported to the Police

Event number: _____

Police station reported to and contact number: _____

Police Officer reported to: _____

**THE INFORMATION YOU PROVIDE ENABLES US TO MAKE A DETERMINATION ON
YOUR CLAIM.
IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION.**

Signed at _____ Date: _____

Account Holder's Signature

Account Holder's Signature

BRANCH USE ONLY - CHECKLIST

- Incident form completed in full
- Unauthorised transaction reported to the Police – Section 6 completed
- Account / Card(s) hotcarded to prevent further unauthorised use
- Member contact details are correct on TEAM
- Was the member(s) signed verified
- Exact time staff completed incident form _____

Full Name and Payroll Number of Staff Member: _____

Return original form to Card Services Department