

VISA INCIDENT FORM

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

Branch: _____ Date: _____

Card Type: Credit Card Card Number:

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 Debit Card

Primary Account Name (as appears on statement): _____

My contact details (during business hours) are: Phone: _____ Mobile: _____

Email: _____

I/We wish to dispute the following transaction/s on my VISA account (please attach a separate sheet or statement if necessary):

Date (dd / mm / yy)	Merchant	Amount (AUD)

Please Note: If the transactions are unauthorised they must be reported to the Police and the Hotcard flag must be set prior to submitting this form.

PLEASE COMPLETE EITHER SECTION 1, 2 OR 3 AS REQUESTED BELOW.

SECTION 1: TRANSACTION NOT RECOGNISED

I am unsure about this transaction, please clarify the following details (please circle) then sign this dispute form on page 3.

Merchant name _____ Transaction date _____ Merchant location _____
 Transaction amount _____ Other – please specify _____

Please note a copy of the transaction receipt will be ordered, but this may take up to 30 days to receive.

SECTION 2: DISPUTED TRANSACTIONS

Please complete one of the following dispute reasons then sign this dispute form on page 3.

I did authorise this transaction, however I have not received any goods or services.

What was purchased _____

They were expected on ____ / ____ / ____

Have you tried to resolve with the merchant. Please note this is a requirement for internet based transactions. If yes,

Date of most recent contact _____

Name of contact _____

Contact method _____

Merchant's response _____

If no, please explain why? _____

- I did authorise this transaction, however the goods I received were not as described or defective.**

What was purchased _____

Why it was defective or not as described, plus any other relevant information. (Attach separate letter or sheet if necessary.)

Was the merchandise returned:

Yes Return date: _____ How was it returned _____

No Why was it not returned _____
Where is it currently _____

Please note that defective merchandise must be returned to the merchant.

Have you tried to resolve with the merchant. Please note this is a requirement for internet based transactions. If yes,

Date of most recent contact _____

Name of contact _____

Contact method _____

Merchant's response _____

If no, please explain why? _____

- The merchant was authorised to deduct automatic payments from my account, however I cancelled / attempted to cancel the authority on ____ / ____ / ____.**

I have attached a copy of my instructions to the merchant to cancel the authority.

Have you attempted to resolve with the merchant. Please note this is a requirement for internet based transactions. If yes,

Date of most recent contact _____

Name of contact (if known) _____

How was merchant notified _____

Merchant's response _____

If no, please explain why? _____

- Duplicated transactions.** I only authorised one of the transactions (possible duplication).

The date of the original transaction was ____ / ____ / ____ .

- Other** – please detail below. *(Please provide copies of transaction receipts or relevant documentation)*

Important: *Please attach copies of any documents that support your claim. Lack of documentation may delay resolution of your dispute.*

SECTION 3: UNAUTHORISED TRANSACTION/S

- Neither I, nor any cardholder have authorised or participated in the transaction/s from the above merchant listed on page 1. YOU MUST COMPLETE SECTIONS 4 and 5 and sign this dispute form.**

SECTION 4: 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: _____

VISA requests only:

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

Please provide further details of how card was lost/stolen: _____

Was the card signed?: No Yes

Has the card been used outside of Australia: No Yes

If yes, where and when: _____

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 5: 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: _____

Primary Cardholder's Signature

Additional Cardholder's signature (if applicable)

BRANCH USE ONLY - CHECKLIST

- Incident form completed in full by member(s)
- Unauthorised transaction reported to the Police
- 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