## **Disputed Transaction Advice**



**bcu** is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701 PO Box 1563, Coffs Harbour, NSW 2450

T 1300 228 228   W bcu.com.au					
MEMBER DETAILS					
Member name	Member number	r Acco	Account number		
Card Number (only include the first 6 and last 4 digits)	Preferred contac	t number			
Email Address					
REASON FOR DISPUTE					
Please check one of the following boxes					
Unauthorised transaction / fraud - card remains in	n your possession				
Unauthorised transaction / fraud - lost or stolen of	card				
Date and time of loss / theft occurred	Date		Time		
Date and time of reporting the loss / theft to bcu?	Date		Time		
☐ Unauthorised transaction / fraud - online bank ac	count compromise				
☐ Duplicate transaction - Visa transaction was author	orised once but has bee	en debited to the	e account	t multiple times	
Goods not received / misrepresentation by merch	nant				
You will need to demonstrate you have contacted the m	erchant in the first instance	e to attempt to rec	tify the dis	pute directly	
Description of goods purchased					
Date of contact with merchant	Is a record of conversation or e-mail attached?   Yes No*				
	*If no, this must be pro	vided before bcu	ı can start	t an investigation	
Subscription / free trial					
Description of goods / product					
Did you provide your card details for a free trial offe	er? 🗌 Yes 🗌 No				
Was it clear you were signing up for a subscription?	Yes No				
Did you receive a product / service?  Yes  No					

have you attempted to contact the merchant to cancel the charges?  $\ \square$  Yes\*  $\ \square$  No

\*If yes, please attach a record of conversation or e-mail

## DISPUTED TRANSACTION DETAILS (you may attach a copy of your statement with disputed transactions marked) Merchant name 1. Transaction date **Amount** 2. Transaction date Amount Merchant name 3. Transaction date Amount Merchant name 4. Transaction date **Amount** Merchant name 5. Transaction date Merchant name **Amount** 6. Transaction date **Amount** Merchant name 7. Transaction date Merchant name **Amount** 8. Transaction date Merchant name **Amount** ADDITIONAL SUPPORTING INFORMATION Please provide any other information you feel may assist us in assessing your claim **POLICE** In certain circumstances you may be required to report the incident to the Police, however you will be advised if this is applicable to your claim. In the event that you are required to lodge a Police Report, bcu will require the Event or Police Reference Number. If you reside in NSW you can make a Police Report via the Police Assistance Line (PAL) on 131 444. The PAL is available 24 hours a day, 7 days a week. ACKNOWLEDGEMENT (COMPLETE CHECK BOX TO CONFORM ACKNOWLEDGMENT) ☐ I confirm that all the information provided in this form is true and correct and I authorise the bank to investigate the transaction(s) in dispute and correct my/our account accordingly. I acknowledge that the matter may be referred to the police for further investigation. oxdot I acknowledge that the Visa card charge back request fee may be charged. The current fee amount is detailed in the Fees and Charges or by visiting www.bcu.com.au. I acknowledge and agree that personal information which may at any time be provided to the Bank in connection with my dispute may be used by the bank in investigating the dispute and may be disclosed by the Bank for that purpose to others (including the Bank's agents and any relevant authority in either case here or overseas). Please return the completed and signed form by Secure Mail, mail or to a bcu Branch

## **FURTHER INFORMATION**

If you choose to email a copy of any document to us, you do so at your own risk. As email is not a secure method of communication, there is a risk that your email could be viewed by others if it is intercepted or sent to an incorrect address. bcu assumes no responsibility for this. If you have concerns about emailing information to us, please return this form by other means.