

Disputed Transaction Advice

Please select one of the following:

- Visa transaction fraud - Complete Sections A, B, C, D, F & G
- Visa transaction - Other - Complete Sections A, B, C & G
- Unauthorised ATM/eftpos transaction - Complete Sections A, B, C, D, F & G
- ATM malfunction - Complete Sections A, B, C & G
- Direct debit transaction - Complete Sections A, B, C, & G
- Telephone banking / internet banking - Complete Sections A, B, C, E, F & G

SECTION A - CURRENT DETAILS

1. Member name	2. Member number
<input type="text"/>	<input type="text"/>
3. Card number	
<input type="text"/>	
4. Preferred contact number	5. Email address
<input type="text"/>	<input type="text"/>

SECTION B - REASON FOR DISPUTING TRANSACTION(S)

Please check one of the following boxes:

- I do not recognise the transaction(s) and would like a copy (fees apply)
- Transaction was only authorised once, but has been debited to my account twice
- ATM did not dispense any cash
- ATM dispensed part cash
 Amount requested: \$ Amount received: \$
- Unauthorised transaction by used card
 By checking this box you authorise cancellation of your card that the unauthorised transactions occurred on.
- Unauthorised transaction via telephone or internet banking
- Other

ADDITIONAL INFORMATION

Please provide any additional information which you feel may assist us in assessing your claim.



SECTION C - DISPUTED TRANSACTION DETAILS

Date	Time	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Transaction description		
<input type="text"/>		
Merchant name / ATM (if applicable)	Location of merchant / ATM (if applicable)	
<input type="text"/>	<input type="text"/>	

Date	Time	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Transaction description		
<input type="text"/>		
Merchant name / ATM (if applicable)	Location of merchant / ATM (if applicable)	
<input type="text"/>	<input type="text"/>	

Date	Time	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Transaction description		
<input type="text"/>		
Merchant name / ATM (if applicable)	Location of merchant / ATM (if applicable)	
<input type="text"/>	<input type="text"/>	

Date	Time	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Transaction description		
<input type="text"/>		
Merchant name / ATM (if applicable)	Location of merchant / ATM (if applicable)	
<input type="text"/>	<input type="text"/>	

Date	Time	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Transaction description		
<input type="text"/>		
Merchant name / ATM (if applicable)	Location of merchant / ATM (if applicable)	
<input type="text"/>	<input type="text"/>	

Please print and attach additional pages if required.

SECTION D - UNAUTHORISED TRANSACTION DETAILS

Date and time the loss/theft occurred Date / / Time

When and how did you become aware of the loss/theft?

How did you report the loss/theft to us (eg telephone)?

What was the date and time of reporting to bcu? Date / / Time

How did the loss/theft occur?

Where did the loss/theft occur?

If the card was not lost or stolen, where was the card at the time of the transaction?

Was the card signed? YES NO

Did you keep a record of your PIN (either disguised or undisguised)? YES NO

If so, how was it recorded and where was the record kept?

Was the record of the PIN stolen as well? YES NO

Has the PIN been disclosed to anyone else (including family members)? YES NO

If so, provide the name, address and telephone number and relationship to you

Name	Relationship	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

SECTION E - UNAUTHORISED TRANSACTION DETAILS - INTERNET OR TELEPHONE BANKING

When and how did you become aware of the unauthorised transaction(s)?

Have you altered your password since becoming aware of the unauthorised transaction(s)? YES NO

If not, please do so immediately to prevent further losses.

What was the date and time of reporting to bcu? Date / / Time

Did you keep a record of your password (either disguised or undisguised)? YES NO

If so, how was it recorded and where was the record kept?

How did the loss/theft occur for the password?

Has the password been disclosed to anyone else (including family members)? YES NO

If so, provide the name, address and telephone number and relationship to you

Name	Relationship	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Have you opened any emails that have asked you to click on a link that looked suspicious or asked you to supply personal information? YES NO

Did you receive a phone call from an organisation requesting you to supply account details? YES NO

SECTION F - POLICE REPORT DETAILS

What was the date and time of reporting the loss/theft to Police? Date / / Time

Crime report number name <input type="text"/>	Police Officers name <input type="text"/>
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Contact number <input type="text"/>	Location of station <input type="text"/>
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SECTION G - STATUTORY DECLARATION

I, do solemnly and sincerely declare

And I make this solemn declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature

Declared at the day

Name of authorised witness

Qualification

Signature

JP number

certify the following matters concerning the making of this statutory declaration by the person who made it:

*please cross out any text that does not apply

- *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:

Describe identification document relied on

A Statutory Declaration under the Statutory Declarations Act 1959 may be made before the following persons:

- A Legal Practitioner;
- A Justice of the Peace;
- A Commissioner for Affidavits;
- A Commissioner for Declarations;
- A Notary Public;
- A personal before whom a statutory declaration may be made under the law of the State in which the declaration is made;
- An Australia Consular Officer or an Australian Diplomatic Officer as defined by Section Two of the Consular Fees Act 1955; or
- Any other person listed in Schedule 2 of the Statutory Declarations Regulations 1993.

Return application

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Facsimile: 02 6568 3011

Email: mail@bcu.com.au