

1. TYPE OF DISPUTE

Disputed VISA transaction:

Unauthorised ATM or EFTPOS transaction:

ATM Malfunction:

2. MEMBER DETAILS

Member number:

Card number:

Member

Joint Member (if applicable)

Title: Surname:

Title: Surname:

First name(s):

First name(s):

Residential Address:

Residential Address:

Suburb/City: State: Postcode:

Suburb/City: State: Postcode:

Home tel: Mobile:

Home tel: Mobile:

Business tel: E-mail:

Business tel: E-mail:

3. DISPUTED TRANSACTION DETAILS

Please fill in the transaction details:

Amount of disputed transaction: \$

Date:

ATM/Merchant Location:

Time:

Date:

ATM/Merchant Location:

Time:

Date:

ATM/Merchant Location:

Time:

The last valid transaction was:

Date:

ATM/Merchant Location:

4. REASON FOR DISPUTING

Please tick one of the following boxes:

I do not recognise the transaction(s) and would like more information:

I advise that I neither made or authorised the transaction(s):

Transaction was only authorised once, but has been debited to my account twice:

ATM did not dispense any cash:

ATM only dispensed part of the cash (please provide details of amount received):

Other:

5. AUTHORISATION

I / We give instructions to Easy Street (Powered by Community First Credit Union Limited ABN 80 087 649 938) that the transaction specified above was not honoured upon presentation.

Member

Joint Member (if applicable)

Signature:

Joint Signature (if applicable):

Date: / /

Date: / /

6. OFFICE USE ONLY

Date loaded:

Time loaded: