



Customer transaction dispute form

Credit Cards

Travel Card

[BANK STAMP]

Card number:

Primary cardholder name: (as appears on statement)

I wish to dispute the following transactions on my ANZ card account

Date	Merchant	Amount
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
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A dispute handling fee may be charged. For full details about this fee please see the relevant ANZ Fees and Charges brochure available from any branch of ANZ.

Please select the reason you would like to dispute this transaction

- I am unsure about this transaction, please clarify the following details:
 - Merchant name Merchant location Transaction date Transaction amount
 - Other – please specify more details on page 2.
- I did authorise this transaction however, I have not received any goods or services. They were expected on ____ / ____ / ____ . I have attached documents showing the expected service or delivery date.
- The merchant was authorised to deduct automatic payments from my account. However, I cancelled / attempted to cancel the authority on ____ / ____ / ____ . I have enclosed a copy of my instructions to the merchant to cancel the authority.
- The amount appears to have been altered from _____ to _____ (Please attach a copy of the sales voucher, receipts etc and specify more details on page 2).
- I have already paid for goods or services by an alternate means – e.g. cash, another credit card, travellers cheques
- I only authorised one transaction (possible duplication). The date of original transaction was ____ / ____ / ____ .
- Neither I nor any additional cardholder have authorised or participated in this transaction from the above merchant, nor received any goods or services.
- I received a credit for _____ on ____ / ____ / ____ which has not been processed. I have enclosed a copy of the credit transaction receipt. Merchandise was returned on ____ / ____ / ____ . I last contacted the merchant about this matter on ____ / ____ / ____ .
- I attempted to withdraw cash from an ATM and did not receive all or part of the cash (Please specify more details on page 2).

Important: Please ensure you complete page 2 of this form and attach copies of any documents that support your claim. Lack of documentation may delay resolution of your dispute.

I confirm that I am not taking any other action in relation to this dispute.

Primary cardholder's signature:

Date:

Additional cardholder's signature:
Where transaction appears to relate to additional cardholder

Date:

