

# ATM Dispute Form



Member Details			
Member Name		Member Number	

ATM Transaction Details			
Card Number	____ _ XX XX XX	Expiry Date	
Account S1/S3/S29			
Transaction Date		Transaction Time	
ATM Location			
Amount Requested		Amount Received	

### Police Credit Union will conduct a full investigation of the information provided

As required, under the provisions of the ePayments code, we will conduct a full investigation of your enquiry and advise you of our findings within 21 days of lodgement of the Enquiry/Complaint form. If we are unable to complete our investigation within the 21 days we reserve the right, to extend the investigation period by up to a further 24 days. Please note, you will be notified in writing should an extension of the investigation period be required.

**Additional Information - please include all relevant information in order to assist us in our investigation. We may contact you if further information is required. Please attach additional sheet(s) if insufficient space.**

PLEASE NOTE: False, misleading, or fraudulent claims may result in fees, suspension of account access, or legal action. Police Credit Union may also refer any claim of fraudulent or illegal conduct for police investigation or require you to report the matter to police and provide a Police Report in support of your claim.

I hereby certify that the information provided on this form is true and accurate:

Member Signature		Date	
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Office use only: Accepted by	Op ID:	Date:	
Forwarded to Retail Operations via: <input type="checkbox"/> Internal Mail <input type="checkbox"/> Emailed to <a href="mailto:atmdispute@policecu.com.au">atmdispute@policecu.com.au</a>			