Transaction Dispute



Member to complete

Personal D	etails							
Member Nu	mber:							
Surname:								
Given names	s:							
Account Details:			Last 4 digits of Card:					
Transaction Type		I	☐ Visa (cardholder to complete)	☐ External Funds Transfe			er	
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:					
Disputed Transactions Record disputed transactions here, or attach a printed statement with disputed transactions clearly marked. Do not dispute pending transactions – please wait for them to be finalised.								
Date	Date Transa		ction Details as appearing on statement		Amo	ount		
						\$		
						\$		
						\$ \$		
						\$		
					TOTAL	\$		
What is the nature of the dispute?								
Please tick the appropriate box (tick ONE box only)								
	I did not complete this transaction or sign up for any related recurring payments eg. free product trial (include details below, police report may be requested after lodgement)							
		Ay card was lost or stolen (police report may be requested after lodgement)						
	I was tricked into participating in this transaction eg. by scam phone call or email (include details below)							
	Consumer Dispute eg. goods or services not supplied, not as described, unexpected recurring payments. (include details below)* By completing this form you acknowledge that chargeback fees will apply.							
	Problem with ATM							
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.								