



# Transaction dispute form

Please send form to BankVic via:

@ cards@bankvic.com.au

Fax: (03) 9268 9204

BankVic Card Disputes  
Reply Paid 90210 MELBOURNE VIC 8060

Before proceeding with this application, we recommend that you read BankVic's Privacy Policy available at bankvic.com.au/privacy which sets out key information about why we're collecting your personal information, and how we use, disclose and secure it.

## Part A. Cardholder details

Card number  Phone

Title  Ms  Miss  Mrs  Mr  Dr  Other  Email

Surname

Given name

## Part B. Disputed transactions. Please use the space provided on the following page to add additional transactions.

I wish to dispute the following transactions:

Date	Transaction/Merchant details	Amount \$

## Part C. Disputed type

Please tick the ONE that is most appropriate and ensure you that you attach the supporting documentation

- I authorised a transaction for  on the date   
It has been:  Duplicated  Processed for the incorrect amount  
Please provide copy of invoice that shows the correct amount that should have been charged.
- A credit for the amount of  was due to be processed to my card on the date   
Please attach a copy of the credit transaction receipt or advice or request to cancel services.
- I have not received  the Goods or  the Services I have paid for. They were expected on the date   
I have contacted the merchant to try and resolve this matter. My last contact was on the date   
Please provide a detailed description of the goods/services not received overleaf and a copy of any correspondence to the merchant.
- The goods or services I have paid for were damaged, defective or not as described. I returned the goods or cancelled the services on the date . I contacted the merchant to try and resolve this matter on the date   
Please describe and provide evidence (e.g Invoice or photos) of the damaged/defective/not as described goods or services. Please provide proof that the goods were returned/services cancelled or an attempt was made.  
The merchandise was: (Please tick only one)  
 Returned on the date   
 The service was cancelled on the date  Please attach a copy of the credit transaction receipt or advice or request to cancel service.
- I paid for the goods or services using another payment method and my card/account was charged incorrectly  
Please attach copy of receipt to show how it was paid instead.
- The Merchant was authorised to deduct regular payments from my account, however I have cancelled or attempted to cancel my authority on on   
Please attach a copy of your instructions to the merchant to cancel the authority. This may be a letter, fax or email.

7.  I have not authorised or participated in the transaction/s.

BankVic will be required to stop your card and issue you with a new one as the transactions are Unauthorised/Fraudulent. I confirm that neither I nor any additional cardholder on my account authorised or participated in the above transaction/s. I/We have not been in contact with this merchant and have not given my card details to this Merchant at any stage. I confirm that the card was in my possession at the time of disputed transaction took place.

**Please note if your card was physically lost or stolen/skimmed, please complete the attached Statutory declaration including as much information as you can regarding the circumstance of what has occurred and when you noticed the fraud.**

8.  I made an ATM withdrawal of

Walked away from the ATM without taking money

Only received  amount

Money was not dispensed

Machine froze/shutdown

Other

If available, please attach copy of the ATM receipt.

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### Additional details:

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### 4. Declaration

I/We confirm that the PIN/Security Code was not recorded on the access device (i.e. card/personal computer) nor was there any record of it on material kept with the access device, and that the PIN/Security Code has not been divulged to any other person by written, verbal or other means.

I/We acknowledge and agree that personal information which may at any time be provided to the Bank in connection to my dispute may be used by the Bank in investigating the dispute and may be disclosed by the Bank for that purpose to others (including the Bank's agents and any relevant authority, in either case here or overseas)

I/We acknowledge the matter may be referred to the Police for further investigation

**Full name**  **Signature**  **Date**

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### Next steps:

#### What we will do

BankVic will commence investigating your dispute within 5 business days from receiving the signed and completed form. BankVic will acknowledge receipt of your form and outline the next steps in the resolution process.

#### What you need to know about dispute resolution timeframes

Resolution timeframes vary depending on the nature of the dispute, and how the transaction/s is processed. These timeframes are governed by Visa International and the ePayments Code. We may contact you if further information is required. Should you wish to speak to us about your dispute, please call 13 63 73 option 3. Your account may be reimbursed at the time of processing your dispute however; BankVic reserves the right to reimburse upon the successful resolution of your dispute.

Office Use Only

Source of form:

**ONLY COMPLETE THE STATUTORY DECLARATION ON PAGE 4 IF**

Your card was physically lost or stolen/skimmed, please complete the attached Statutory declaration including as much information as you can regarding the circumstance of what has occurred and when you noticed the fraud.

**OTHERWISE PLEASE JUST SEND IN PAGES 1 - 2.**

Commonwealth of Australia  
STATUTORY DECLARATION  
Statutory Declarations Act 1959

Details of person making declaration.

Surname: .....

Given name/s: .....

Address: .....

Occupation: .....

I, as the person named above, make the following declaration under the Statutory  
Declarations Act 1959:

.....  
.....  
.....  
.....

I understand that a person who intentionally makes a false statement in a statutory  
declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959,  
and I believe that the statements in this declaration are true in every particular.

.....  
Signature of the person making the declaration

Declared at ..... on .....  
(town/city where signed) (date)

Before me: .....  
(signature of witness)

Witness surname: .....

Witness Given name/s: .....

Witness address: .....

Qualification: .....

Note 1. A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.  
Note 2. Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.