



Customer Transaction Disputes Form

For all Credit Card transactions **or** Visa Debit transactions

Please complete all sections and return form with any documentation via email or mail to the contact details listed on page two.

PERSONAL CUSTOMERS

Card Number

____ | ____ XX | ____ XX XX | ____

Customer Number

Name on card

BUSINESS AND COMMERCIAL CUSTOMERS

Card Number

____ | ____ XX | ____ XX XX | ____

Company Name

Name on card

I WISH TO DISPUTE THE FOLLOWING TRANSACTION(S)

Date	Transaction Details	Amount (NZD)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please select dispute type

Please tick the most appropriate option and ensure you attach the corresponding documentation.

- I have not received the goods or services I have paid for.
They were expected on/...../.....
I contacted the merchant to try and resolve this matter. My last contact was on/...../.....
Please provide a description of the goods / services that were not received, on page two.
- The goods were returned on **or** the services were cancelled on/...../.....
A credit for the amount of \$ was due to be processed to my card/account on/...../.....
Please attach a copy of the request to cancel services or confirmation the goods were returned.
- I have been charged for a duplicate transaction. I contacted the merchant to try and resolve this matter.
My last contact was on/...../.....
Please provide detail on page two, along with any supporting documents that may assist our investigation.
- The merchant was authorised to deduct regular payments from my account, however I cancelled or attempted to cancel my authority on/...../.....
Please attach a copy of your instructions to the merchant to cancel the authority.
- The goods or services I have paid for were damaged, defective, counterfeit or not as described. I returned the goods or cancelled the services on/...../..... I contacted the merchant to try and resolve this matter on/...../.....
Please provide details on page two, and provide evidence (e.g. invoice) of the damaged/defective/counterfeit/not as described goods or services. Please provide proof that the goods were returned/services were cancelled or an attempt was made.
- I attempted to withdraw cash on the/...../..... from an ATM and did not receive all or part of the cash.
*Please provide the amount that was **not** dispensed – \$ Amount requested – \$*
If available, please attach a copy of the ATM receipt.
- Neither I nor the additional cardholder have authorised or participated in this transaction from the above merchant, nor received any goods or services.
- My dispute is for a different reason which is not listed above.
Please provide full details on page two, along with any supporting documents that may assist our investigation.

Your signature

.....
Primary Cardholder's Signature (required)

Date [] [] [] [] [] [] [] [] [] []

.....
Additional Cardholder's Signature (only required if transactions were made on additional card)

Date [] [] [] [] [] [] [] [] [] []

