



# EFT Transaction Enquiry/Complaint

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## FOR OFFICE USE ONLY

Attention \_\_\_\_\_ Institution \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

## MEMBER DETAILS

Name \_\_\_\_\_

Member Number \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

Other persons authorised to operate on the account \_\_\_\_\_

## DETAILS OF TRANSACTION TO BE INVESTIGATED

Access Method:  ATM  EFTPOS  PHONELINK  NETLINK  BPAY

ATM/VISA card number if applicable \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  Withdrawal  Transfer  Bill Payment

Amount requested \$ \_\_\_\_\_ Amount received \$ \_\_\_\_\_

### OR

Amount of unauthorised transaction \$ \_\_\_\_\_

Type and location of electronic equipment used \_\_\_\_\_

Details of the problem \_\_\_\_\_

Details of last valid transaction \_\_\_\_\_

## DEVICE LOSS CIRCUMSTANCES

### Eg. VISA card, ATM card - to be completed for unauthorised transactions

- Was the device signed?  Yes  No  N/A
- Was the device Lost/Stolen \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_
- Loss reported to Organisation \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Reference No. \_\_\_\_\_
- Loss reported to Police/Other \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Reference No. \_\_\_\_\_

## CODE CIRCUMSTANCES

### Eg. PIN or password

- Where was the code recorded or kept \_\_\_\_\_
- Was the device Lost/Stolen \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_
- Loss reported to Organisation \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Reference No. \_\_\_\_\_
- Loss reported to Police/Other \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Reference No. \_\_\_\_\_
- Has the code been disclosed to anyone?  Yes  No
- If yes to whom has the code been disclosed?  Spouse  Family  Other \_\_\_\_\_
- How and where did the loss of the code occur? (Include information regarding any other institutions' cards. Include relevant details about steps taken to ensure security of device or codes) \_\_\_\_\_

12. Date of last valid transaction \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_

**X**

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Officer \_\_\_\_\_ Operator No. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Forward to Saving Support