



# Customer Transaction Dispute Form

Credit Card number / ANZ Everyday Visa Debit card number

Primary Cardholder Name   
(as appears on statement)

**I wish to dispute the following transaction(s) on my ANZ card:**

Date	Transaction Details	Amount(AUD)
/ /		\$
/ /		\$
/ /		\$
/ /		\$

Please select **ONLY** one option.

- I authorised a transaction for \$\_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_. However, I did not authorise any other transactions. My card was in my possession at the time this occurred.
- Neither any additional cardholder nor I have authorised or participated in the transaction(s) listed above, nor received any goods or services.
- The merchant was authorised to deduct automatic payments from my account. However, I cancelled / attempted to cancel my authority on \_\_\_ / \_\_\_ / \_\_\_. I have contacted the merchant to resolve this matter. I have attached a copy of my instructions to the merchant to cancel my authority.

*The cancellation must have been sent to the merchant at least 15 days before the next transaction was due to be processed. Once we have received this form and required documentation, we may be able to reverse any transactions to your account that occurred under this recurring transaction arrangement more than 15 days after your cancellation letter to the merchant.*

- I received a credit for \$\_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_ which has not been processed. I have contacted the merchant to resolve this matter. I have attached a copy of the credit transaction receipt.
- I did authorise this transaction, however, I have not received any goods or services. They were expected on \_\_\_ / \_\_\_ / \_\_\_. I have contacted the merchant to resolve this matter. I have attached a copy of documents showing the expected service or delivery date.
- I did authorise this transaction, however, the goods or services were not as described / the goods received were damaged or defective. I returned the goods / cancelled the services on \_\_\_ / \_\_\_ / \_\_\_. I have contacted the merchant to resolve this matter. I have explained below what was not as described / defective.

Additional Comments: \_\_\_\_\_

**Important: Please attach copies of any documents that support your claim. Lack of documentation may delay resolution of your dispute.**

Primary Cardholder's Signature	<input type="text"/>	Date	<input type="text"/>
Additional Cardholder's Signature	<input type="text"/>	Date	<input type="text"/>
Additional Cardholder's Signature	<input type="text"/>	Date	<input type="text"/>
Additional Cardholder's Signature	<input type="text"/>	Date	<input type="text"/>

My contact number during business hours is: ( ) \_\_\_\_\_ My mobile is: \_\_\_\_\_

Please either fax this form to 1800 283 515 or mail to:  
**Cardholder Disputes, ANZ Consumer Finance, Locked Bag 10, Collins Street West, Melbourne Vic 8007**

**You will receive an update on progress within 14 working days of our receipt of this form.**