Commercial Cards Disputed Transactions

This form is used if you are unsure about a transaction and would like to get further information or if you would like to dispute a transaction on your statement.

Please fax completed form to **1800 283 515**, or send by mail to ANZ Card, Locked Bag 10, Collins St West PO, Melbourne Vic 8007. If you need assistance to complete this form please contact the ANZ Commercial Card Service Centre on 1800 032 481.

1. Card Details

Card Number			
Cardholder Name			
Company Name		**Telephone Number**	
Contact Name		**Fax Number**	

2. Disputed Tranaction(s) Details

Date (dd/mm/yyyy)	Merchant Name	Amount (AUD)
/ /		$
/ /		$
/ /		$
/ /		$

Please select one of the following options with a 'X' cross.

- ☐ I require a copy of the voucher only
- ☐ I am unsure about this transaction, please clarify the following details:
  - ☐ merchant name ☐ merchant location ☐ transaction date ☐ transaction amount
  - ☐ other - please specify below under additional comments.
- ☐ I did authorise this transaction, however, I have not received any goods or services. They were expected on ___ / ___ / ___. I have attached documents showing the expected service or delivery date.
- ☐ The merchant was authorised to deduct automatic payments from my account. However, I cancelled / attempted to cancel the authority on ___ / ___ / ___ . I am enclosing a copy of my instructions to the merchant to cancel the authority.
- ☐ I authorised a transaction for $_____ on ___ / ___ / ___. However, I did not authorise any other transactions. My ANZ card was in my possession at the time this occurred.
- ☐ I only authorised one of the transactions (possible duplication). Date of original transaction was ___ / ___ / ___.
- ☐ I did not authorise or participate in this transaction from the above merchant, nor received any goods or services.
- ☐ I received a credit for $_____ on ___ / ___ / ___ which has not been processed. I am enclosing a copy of the credit transaction receipt.

I contacted the merchant about this matter on ___ / ___ / ___.

Additional Comments

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

3. Authority

Cardholders Name

Date

Cardholders Signature

✗

Investigation will commence once this completed form is received.