

DISPUTE INVESTIGATION REQUEST – MASTERCARD TRANSACTIONS

Customer Name												
File reference (If available)		Card Number										

Transaction Date	Merchant Name	Amount	Reference

I dispute the above mentioned transaction(s) for the following reason (Please tick one box only):

Duplicate billing – I was charged more than once for a single authorised transaction. I authorised \$_____ on _____(date). I have not authorised the other transaction/s. My card was in my possession at the time of the transaction.

Non-receipt of Goods – Documentation Required: Goods were to be received on _____ Please enclose any supporting document.

Refund/Credit not processed
 Credit transaction receipt issued but credit not processed to my account.
Documentation Required: Please enclose credit transaction receipt or letter from merchant stating credit authorised.
 OR
 Goods returned to merchant but refund not processed.
Documentation Required: Please enclose proof that merchant *received* the returned merchandise i.e. Registered Mail receipt or courier invoice signed by the merchant upon receipt of the goods.

Cancelled membership/subscription – Date Cancellation was made _____
Documentation Required: Please provide copy of cancellation notice.
Note: Refund can only be requested if your account is debited 15 calendar days after cancellation date.

ATM transaction not completed – Cash was not disbursed/ ATM only disbursed \$_____, but transaction amount has been billed to my account.

Paid by other means – the transaction was charged to my account and was also paid by other means.
Documentation Required: Please enclose proof of payment by other means i.e. cash receipt, cardholder copy of 'other' credit/charge card transaction receipt.

Incorrect Amount Charged – Amount charged is incorrect, the transaction amount should be \$_____.
Documentation Required: Please enclose transaction receipt.

Services not rendered - Services for the transaction(s) were not rendered due to the inability/unwillingness of the merchant. I have attempted to resolve this dispute with the merchant and/or merchant's liquidator. Date services were to be provided _____
Documentation Required: Please enclose documentation proving that the services will not be rendered i.e. media coverage, a written notice from the merchant or their liquidators.

Cancelled Accommodation – Accommodation was booked and cancelled within cancellation policy
 Cancellation date _____ with Cancellation number _____

Unauthorised transaction – Transaction not authorised by Primary or Additional Cardholder. The card was in my possession at the time of the transaction. **Note – The Credit Card will be cancelled and a replacement card will be issued (subject to replacement card eligibility policy)**

Other – **If your dispute does not fall into any of the above categories, please attach a detailed explanation of the circumstances surrounding your dispute.**

**I authorise Card Services to investigate/correct the transaction(s) in dispute.
 Where applicable I enclose relevant supporting documentation requested above.**

_____ (Signature) ____ / ____ / ____ (Date)
 Primary Cardholder

_____ (Signature) ____ / ____ / ____ (Date)
 Additional Cardholder

**Return by Fax Local – 1300 664 197 or Fax Overseas – +61 2 82755818
 Post to: Credit Card Disputes, Transaction Services, Card Services. Reply Paid 40 SYDNEY NSW 2001**