

Customer transaction dispute form

Credit Cards Travel Card

	[BANK STAMP]
Card number.	
Card number:	
Primary cardholder name: (as appears on statement)	
I wish to dispute the following transactions on my ANZ card account	
Date Merchant Am	nount
D D M M Y Y Y Y	
D D M M Y Y Y Y	
A dispute handling fee may be charged. For full details about this fee please see the relevant ANZ Fees and Charges brochure a	vailable from any branch
of ANZ. Please select the reason you would like to dispute this transaction	
I am unsure about this transaction, please clarify the following details:	
Merchant name Merchant location Transaction date Transaction amount	
Other – please specify more details on page 2.	
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 car / / I have enclosed a copy of my instructions to the merchant to cancel the authority.	ncel the authority on
The amount appears to have been altered from to (Please attach a correceipts etc and specify more details on page 2).	py of the sales voucher,
I have already paid for goods or services by an alternate means – e.g. cash, another credit card, travellers cheques	
I only authorised one transaction (possible duplication). The date of original transaction was $__/__/$	
Neither I nor any additional cardholder have authorised or participated in this transaction from the above merchant, no or services.	or received any goods
I received a credit for on / / which has not been processed. I have enclosed a transaction receipt. Merchandise was returned on / / I last contacted the merchant about this matter	
I attempted to withdraw cash from an ATM and did not receive all or part of the cash (Please specify more details on pa	
Important: Please ensure you complete page 2 of this form and attach copies of any documents that support your claim. La	
may delay resolution of your dispute.	
I confirm that I am not taking any other action in relation to this dispute.	
Primary cardholder's signature: Date:	
	Y
Additional cardholder's signature: Where transaction appears to relate to additional cardholder	
	YY

Address: Home phone: Mobile: Email address: I would prefer to be contacted by mail email about this dispute (please tick one). More details	Cardholder details
Home phone: Mobile: Email address: I would prefer to be contacted by mail email about this dispute (please tick one). More details	Name:
Mobile: Email address: I would prefer to be contacted by mail email about this dispute (please tick one). More details	Address:
Mobile: Email address: I would prefer to be contacted by mail email about this dispute (please tick one). More details	
Email address: I would prefer to be contacted by mail email about this dispute (please tick one). More details	Home phone: Work phone:
would prefer to be contacted by mail email about this dispute (please tick one). More details	Mobile:
More details	Email address:
	I would prefer to be contacted by mail email about this dispute (please tick one).
To help us manage your dispute in a timely manner, please provide a detailed explanation about the transaction(s).	More details
	To help us manage your dispute in a timely manner, please provide a detailed explanation about the transaction(s).

What to do next

Please **either** fax this form to: $0800\ 227\ 3269\ (+64\ 4\ 495\ 3216\ from\ overseas)$ or mail to: ANZ Chargebacks and Disputes,

P O Box 39384,

Wellington Mail Centre 5045.

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