

# VISA Debit Card Dispute Form



Complete this form - then print, sign and send to Gateway or Call 1300 302 474 for assistance.  
Please print and send your completed form to: Gateway Credit Union, PO BOX 3176, Sydney NSW 2001

**Important information: You will not be able to save partially completed forms.**

Gateway Credit Union Ltd  
ABN 47 087 650 093  
AFSL/Australian Credit  
Licence Number 238293

\* Denotes Mandatory Field

## Your Details

Member Number\*

Card Number transaction was performed with\*

Personal Details

Title\*  Mr  Mrs  Ms  Other

Full Name\*

Personal Details

Phone     
Country Area Number

Email

## Type of Dispute

Tick where applicable

- Disputed Visa Transaction (Selecting CR)
- Unauthorised ATM or EFTPOS transaction (Selecting SAV)
- ATM Malfunction

## Reason for Disputing Transaction(s)

Please check one of the following boxes:

- I do not recognise the transaction(s) and would like a copy of the voucher(s) (fees apply)
- Transaction was only authorised once, but has been debited to my account twice
- ATM did not dispense any cash
- ATM dispensed part cash  
Amount received \$
- Unauthorised transaction (By checking this box you authorise cancellation of your card that the unauthorised transaction occurred on)
- Other (please specify)

## Disputed Details (if disputing more than 5 transactions, please complete and attach another form)

Date	Merchant Name / ATM	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



## Disputed Transaction Details

In the box below, please provide any additional information which you feel may help to support your dispute. This may include the circumstances surrounding the loss/theft of your card &/ PIN, and the steps you took ensuring the security of your PIN

## Police Report Details

Date	<input type="text"/>	Time	<input type="text"/>
Crime Report No.	<input type="text"/>	Police Officer's Name	<input type="text"/>
Station Name / Location	<input type="text"/>	Contact No.	<input type="text"/>

## Print, Sign & Send

I/we declare that the information stated on this Disputed Transaction form is true and correct and is complete to the best of my knowledge and understand it is an offence under the Financial Reports Australia Act 1988 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, to make a false or misleading statement.

Print Name\*

Signature\*  Date\*

VDCDF 301215 AQ