

Visa Dispute Investigation Form

Member Number Given Name(s) Surname

Preferred Contact Number Card Number

Date of Transaction(s)	Merchant Name	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"/> <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"/>
<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"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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

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

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

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

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.

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.

Continued Over Page >

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.
Services were to be provided on
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

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

I authorise First Option Bank to investigate the transaction(s) in dispute. Where applicable, I enclose relevant supporting documentation requested above.

Primary Cardholder - Signature

Date

Secondary Cardholder - Signature

Date