



Members Equity Business MasterCard Dispute Form

For any enquiries contact us on **1300 654 998** Mon to Fri 9am-5pm or Sat 9am-5pm (Melbourne time).
Mail to ME Bank, Reply Paid 1345, Melbourne VIC 8060
Fax to (03) 9605 6635
Visit mebank.com.au

Please complete this form and mail it together with the supporting documentation to:
Disputed Transaction – Business Banking
ME Bank, Reply Paid 1345
Melbourne VIC 8060

Section 1 - Details of your Business Mastercard account

Business name

Business address
 State Postcode

Business Phone Number
 ()

Section 2 - Principal details

Card number (if applicable)

Title (Mr/Mrs/Ms/Miss/other) Given name(s) Surname

Address
 State Postcode

Work phone ()

Mobile

Section 3 - Last valid transaction details

Date Time : am/pm Amount \$ Location

Type of transaction EFTPOS ATM Phone Banking Internet Banking Bank@Post MasterCard purchase

Section 4 - Disputed transaction details (If there are more than 3 transactions, please attach details)

Transaction 1

Date Time : am/pm Amount \$ ATM operator fee \$

Merchant Name Location

Type of transaction EFTPOS ATM Phone Banking Internet Banking Bank@Post MasterCard purchase

Transaction 2

Date Time : am/pm Amount \$ ATM operator fee \$

Merchant Name Location

Type of transaction EFTPOS ATM Phone Banking Internet Banking Bank@Post MasterCard purchase

Transaction 3

Date Time : am/pm Amount \$ ATM operator fee \$

Merchant Name Location

Type of transaction EFTPOS ATM Phone Banking Internet Banking Bank@Post MasterCard purchase

Section 5 - Reason for disputing transaction/s

Please outline the details of the disputed transaction/s above. For example, the transaction has been debited more than once, the transaction was a third party payment, the ATM dispensed only part of the cash requested or no cash at all, I did not authorise the transaction, etc:

Section 6 - Lost/stolen card, PIN and/or Access Code details (if applicable)

What was lost/stolen Card PIN Internet/Phone Banking Access Code

When was it lost/stolen? Date Time : am/pm

When and how did you become aware of the loss/theft?

When did you report the theft to us? Date Time : am/pm

How did you report the loss/theft to us? (e.g. by telephone)

Where did the loss/theft take place? (e.g. office, home, on a bus, etc)

How did the loss/theft occur? (e.g. house break-in, stolen purse/wallet)

Have you reported the loss/theft to the Police or any other authority?

Yes No Please attach a copy of the report Method (e.g. by telephone)

If yes, reported Date Time : am/pm

Section 7 - Further information about your PIN/Access Code

Did you keep a record of your code? Yes No

If yes, how was it recorded?

Where was that record kept?

Is the record now missing? Yes No

If yes, when did it go missing?

Date Time : am/pm

Have you ever disclosed your PIN/Access Code to anyone (including family members)?

If yes, please provide their name, address, phone number and relationship to you

Yes No

Section 8 - Other information

Please provide any other information that may assist in completing the investigation of your disputed transactions, e.g. circumstances surrounding the disputed transaction, the reporting of the disputed transaction, or any steps taken to ensure the security of your card, PIN and/or Access Code.

Section 9 - Declaration and Signature

- (a) I declare that the information in this form is true and complete and I authorise Members Equity Bank to verify this information.
(b) I declare that I neither made nor authorised the transaction(s) listed in Section 4.
(c) I agree that my personal information may be used by Members Equity Bank to investigate and resolve this dispute and may be disclosed to relevant third parties for this purpose.
(d) I acknowledge that this matter may be referred to the Police for further investigation.

Signature

Print name

Position

Date

Signature

Print name

Position

Date

Where the applicant is a:

- **Sole Trader:** Proprietor of business to sign.
- **Company:** A Director and the Secretary or two Directors to sign.
- **Sole Director Company:** Sole Director/Secretary to sign, stating that he or she is the Sole Director and Sole Secretary of the company.
- **Trust:** All trustees to sign.
- **Partnership:** All partners to sign (unless Members Equity Bank agrees otherwise in the case of a large partnership).
- **Incorporated Association:** Minimum of two office bearers (e.g. the Chairman, Secretary, Treasurer or equivalent officer in each case) to sign in accordance with the rules governing the association.
- **Union:** Authorised Representative(s) to sign in accordance with the registered rules of the Union.

Members Equity Bank use only

Received by

Date