

EFT Transaction Enquiry & Complaint

1 PERSONAL DETAILS

Surname: Given Name/s:
Home Address:
Suburb: State: Postcode:
Home Telephone: Business Telephone:
Mobile:
Postal Address: *(if different to home address)*:
Customer number/s: *(if applicable)*:
Email Address:
Card/Device Number: Account Number:
Name of other users authorised to operate on the relevant account/s:

2 DETAILS OF TRANSACTION TO BE INVESTIGATED

Type of access method used: EFTPOS ATM Internet
Type of transaction: Withdrawal Deposit Other:
Location of transaction:
Date: Time: Amount requested: Amount received:
Details of problem:

Details of last valid transaction:

2 DETAILS OF TRANSACTION TO BE INVESTIGATED (CONTINUED)

Name:

Signature:

Date:

3 UNAUTHORISED TRANSACTIONS

Circumstances Surrounding Loss

Was card/device signed? Yes No

Was card/device: Lost Stolen

Date: Time: Place:

Lost reported to: Organisation:

Date:

Time: Reference number:

Lost reported to: Police/Other:

Date:

Time: Reference number:

Pin/Code Circumstances

Where was the PIN/Code recorded or kept?

If yes, how was the PIN/Code recorded or kept?

Did you select or change the PIN/Code at a branch? Yes No

Was the PIN/Code: Lost Stolen

Date: Time: Place:

Lost reported to: Organisation:

Date:

Time: Reference number:

Lost reported to: Police/Other:

Date:

Time: Reference number:

If yes, to whom has the PIN/Code been disclosed? Spouse Family

Other:

How and where did the loss of the card/PIN occur? (include information regarding any other other institutions' cards. Include relevant details about steps taken to ensure security of card/device or PIN/Code's):

OFFICE USE ONLY

Authorising Officer:

Branch:

Date:

EFT Reference number:

The information collected in this form is to allow us to identify you, keep our records up to date and to provide you with the requested service. Our privacy policy is available by phoning our Contact Centre on 133 282 or logging on to www.greatsouthernbank.com.au