



Rabobank

December 2014

Disputed Transaction Claim Form

Talk to the world's leading food and agribusiness bank

Rabobank Australia Limited
ABN 50 001 621 129 AFSL 234 700

For more information please call
1800 025 484

www.rabobank.com.au

Completion of this form is required where a transaction is in dispute to make a claim for correction and/or compensation.
Complete and fax the form to Client Services on 02 8115 1016, or mail to: Reply Paid 4577, Rabobank, Client Services, Sydney NSW 2001
For more information phone Toll Free 1800 025 484 (8am-6pm Monday to Friday, Sydney time)

Section A Client Details

Client Number

Visa Credit / Debit Card Number

Account name (if applicable)

Section B Dispute Type

- Unauthorised transaction
 Duplicated transaction
 Payment not received
 Incorrect amount
 Incorrect Payee/Recipient
 Deposit not credited

Section C Transaction Type

- Cheque
 Direct Credit
 Direct Debit
 BPAY
 Debit Card
 Credit Card

Section D Dispute Details

In your own words describe the disputed transaction

Complete details overleaf

| | | | | | |
|-----------------------------|----------------------|--|----------------------|--|--|
| Office use only | | <input type="checkbox"/> Complete TC40 | | <input type="checkbox"/> Notify Group Security | |
| Branch or Credit use | | OPS use | | | |
| Submitted by | | Processed by | | | |
| <input type="text"/> | | <input type="text"/> | | | |
| Branch | Today's date | Client Advised by | Today's Date | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

Section below to be used for Card transactions only by Indue. Fax to (07) 3258 4212 once form is completed.

| | | | | | | | | | | | | | | | | | |
|--|--|----------------------|---|----------------------|-----|-----|-----|----|----|-----|-----|-----|-----|----|----|----|----|
| CL Date Received | | Date | | Date | | | | | | | | | | | | | |
| <input type="text"/> | Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> | <input type="text"/> | Paid <input type="checkbox"/> Denied <input type="checkbox"/> | <input type="text"/> | | | | | | | | | | | | | |
| (Government Statistics - Circle as Applicable) | | | | | | | | | | | | | | | | | |
| 1A 1B 2A 2B 2C | | | | | | | | | | | | | | | | | |
| C1 | C2 | C3 | C4A | C4B | C4C | C4D | C4E | D1 | D2 | D3A | D3B | D4A | D4B | D5 | D6 | D7 | D8 |

Section E Transaction/Claim Details

Transaction date

Transaction and Claim Amounts (if the transaction was unauthorised leave amount attempted blank)

Amount attempted

Amount received or issued

Amount claimed

BPAY only

BPAY CRN Number

BPAY Biller Code

Biller

Cheque

Bank name

Branch

Cheque number

Payee

Direct Entry

BSB

Account name

Account number

Direct entry reference

Card

Cardholder name

Visa Credit / Debit Card Number

Card expiry date

Merchant name

Transaction reference number

 ATM EFTPOS Card purchase

If an ATM dispute, ATM location

ATM owner

I acknowledge in signing this form I am making a statement that the above transaction is not correct. I am making a claim for compensation where available under the terms and conditions of the relevant account. I understand that Rabobank will make a decision after investigation as governed by the terms and conditions of the account.

Title

Name

Signature

Date

