

## ePayment Transaction Enquiry / Complaint

Section 1				
Name of User				
Address of User				
Member Number				
Other users authorised to operate on the	relevant account(s)			
Section 2				
Transaction details of the trans	saction to be investigated			
Type of access method used				
		Γ		
Date	Time		Wdl/Dep/Other	
		L		
Amount Requested \$				
Amount Received  \$				
Type and location of electronic equipment	used			
Details of problem				
Details of last valid transaction				
Details of tast valid (FallSaction)				

Office Use Only EFT Ref No.

BIF11 EFT Transaction Enquiry/Complaint V5 03/19

Card Loss Circums	tances			
1. Was card signed?	Yes No			
2. Was Card	Lost Stolen			
	Date / / Time	Place		
3. Loss reported to	Organisation			
	Date / / Time	Reference Number		
4. Loss reported to	Police Other			
	Date / / Time	Where		
Code Circumstances				
5. Where was the code rec	orded or kept			
6. Was Code	Lost Stolen			
	Date / / Time	Place		
7. Loss reported to	Organisation			
	Date / / Time	Reference Number		
8. Loss reported to	Police Other			
	Date / / Time	Where		
9. Has code been disclosed to anyone? Yes No				
10. If yes to whom has code been disclosed? Spouse Family Other				
11. How and where did the loss of the card/code occur (include information regarding any other institutions' cards and include relevant details about steps taken to ensure security of device or coded)				
12. Date of last valid trans	action	Amount \$		

Date

Member Signature