Cardholder Name	:			Men	nbership Number	:							
Cardholder Addre	ss:												
Cardholder Contact Details:		Mobile:		Work:		Home:							
Card Number: (card used for transaction in question – only complete first and last four digits):			X	X X X	X X X	X							
DETAILS OF UNAUTHORISED TRANSACTION/S													
Details can be found on your account statement or by phoning 1300 056 953. If you require more space, please complete a second form. Alternatively, you can attach a copy of your statement with unauthorised transaction(s) highlighted.													
Amount	Da	ate	Time	Name	e of merchant	Location							
\$	/	/	: 🗆 AM 🗆 F	PM									
\$	/	/	: 🗆 AM 🗆 F	M									
\$	/	/	: □ AM □ F	M									
\$	/	/	: 🗆 AM 🗆 F	PM									
\$	/	/	: □ AM □ F	M									
\$	/	/	: 🗆 AM 🗆 F	PM									
\$	/	/	: 🗆 AM 🗆 F	PM									
\$	/	/	: 🗆 AM 🗆 F	PM									
\$	/	/	: 🗆 AM 🗆 F	PM									
\$	/	/	: □ AM □ F	M									
DETAILS OF LAST AUTHORISED TRANSACTION													
Please provide details of the last authorised transaction on the access card/account:													

**EFTPOS/Visa Transaction Enquiry/Complaint** 

\*\*\*NOTE: PLEASE COMPLETE ALL DETAILS ACROSS BOTH PAGES TO AVOID ANY DELAY\*\*\*

AWA Alliance Bank®

ADDITIONAL DETAILS (please t	ick and	complete a	s applicable)									
Was the transaction/s authorised?		□ No	If Yes, was it authorised by	☐ Signature								
Was the transaction via Digital Wallet	? □ Yes	□ No	If via Apple Pay, provide S	SEID#								
Was card signed on back?	☐ Yes	□ No										
Was PIN known to others?	□ Yes	□ No										
Did you keep a record of the PIN?	□ Yes	□ No	If Yes, where was the recor	d kept?								
Was card: ☐ Lost ☐ Stolen ☐ Misused			Date and time first known:	/ / : □ AM □ PI			PM					
Was PIN: ☐ Lost ☐ Stolen			Date and time first known:	/ / : □ AM □ PI			PM					
Was loss reported to Hotline?	□ Yes	□ No	If Yes, reference number:									
Was fraud reported to Police?		□ No	If <b>Yes</b> , what is the job number:									
			Method used to report incident:									
			Date and time first known:	/	/	: □ AM □	PM					
FURTHER INFORMATION												
Please provide additional information taken to protect the security of your ca			misuses occurred of card and	or PIN as	s well as any	additional steps						
taken to protect the security or your ca	מוט מווט/טו	FIIN.										
MEMBER ACKNOWLEDGEMEN												
☐ I/We have been advised of the Disp	oute Reso	lution Proces	SS									
☐ I/We have been advised that a fee			action is found to have been	authorise	d by a party t	o the account.						
Refer to the Schedule of Fees and	charges	orochure.										
Oi-mark.ma	— г.	Dairet Norman										
Signature		Print Name			Date	/ /						
Request received at Branch:			Signature verified	□ Ev4	ent loaded in	D.Q.D						
nequest received at branch.	7	/				ı an						
Received by:			Forwarded to Cei	ntral Tear	n:	/ /						
Receipt Number:												

Beyond Bank Australia Limited ABN 15 087 651 143 AFSL/Australian Credit Licence 237856. 100 Waymouth Street, Adelaide SA 5000 **Phone** 1300 056 953 **Post** PO Box 2138 Geelong VIC 3220 **Email** <a href="mailto:staff@awaab.com.au">staff@awaab.com.au</a> **Web** <a href="mailto:www.awaalliancebank.com.au">www.awaalliancebank.com.au</a>