

Business Visa Debit Card Transaction Dispute Form

Complete the form using **BLACK PEN** and print in **CAPITAL LETTERS**

✉ Post the completed form to: **GPO Box 4263, SYDNEY NSW 2001** OR 📠 Fax to: **+61 2 8987 5923**

You must return the completed form no later than 45 days after the statement date when the disputed transactions were charged. **Please note that only an Authorised Signatory to the account can complete this form and that the ability to dispute a transaction may be lost if it is not reported within the time frames we specify.**

ACCOUNT HOLDER DETAILS

Account holder (business name)

Business Transaction Account number

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Telephone number (daytime)

CARDHOLDER DETAILS

Cardholder name (as it appears on the card)

Business Visa Debit Card number

TRANSACTIONS IN DISPUTE

DATE	\$ AMOUNT	STORE/ATM/BANK

DETAILS IN DISPUTE

Please provide details of why the transaction is being disputed or what aspect is being disputed.

Please provide a copy of the following:

- Statement where the transaction appears (indicate the transaction being disputed)
- The EFTPOS receipt, ATM receipt, payment receipt or sales voucher
- Any documentation which may support your claim

SIGNATURE

I confirm that neither I nor the Cardholder nominated on this form:

- In any way authorised any transaction being disputed in this claim; or
- Are aware that any amount disputed in this claim is in fact the correct charge.

I acknowledge that HSBC may refer false claims to the police for investigation.

I understand that a fee of \$10 will be debited to the Business Transaction Account for each dispute item not resolved in my favour.

I consent to HSBC providing relevant third parties with copies of this form and supporting documents as part of the activities required to investigate and resolve this dispute. I understand that this may include personal information contained in such documents.

Authorised Signatory's signature

Date

X

/ /

Office Use Only

SV <input type="checkbox"/>	Checking officer name		Signature		Date	/ /
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