

# EFT Transaction Enquiry / Complaint

230 Clarence Street Sydney NSW 2000  
PO Box A253 Sydney South NSW 1232  
SGE Direct 1300 364 400  
Fax (02) 9687 2397  
www.sgecu.com.au



SGE Credit Union Ltd  
ABN 72 087 650 637  
AFSL 238311

C/U Register No.

Date

Contract

## SECTION 1

Member number

Card Holder

Card Holder Address

  

Telephone

Work

Home

Redicard / Visa  
Card No.

## SECTION 2

**Type of Complaint** (Please tick appropriate box)

- (a) **System Malfunction** (Copy of RPO11 to be attached)
- (1) ATM cash dispensing malfunction
- (2) Other system malfunction
- (NB: Section 3 must be completed)
- (b) **Unauthorised Transactions** (Copy of RPO11 to be attached)
- (1) Card lost or stolen
- (2) Card or PIN NOT lost or stolen
- (3) Other
- (NB: Section 4 must be completed)

## SECTION 3

**System Malfunction - Transaction Details**

Date

Time

WDL/DEP

ATM Owner

Terminal ID

Location

Sequence No.

Card Captured?

 Yes  
 No

Details of problem

  
  

Amount Requested

Amount Received

Member Signature

Date

**Office Use Only**

Call Ref. No.

EFT Ref. No.

Claim No.

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## SECTION 4

### Unauthorised Transactions - Complete all boxes

#### Card Loss Circumstances

1. Was card signed?  Yes  No
2. Was card  Lost  Stolen Date  Place   
Time
3. Loss reported to Organisation  Date  Ref No.   
Time
4. Loss reported to  Police  Other  Date  Where   
Incident No.  Time

#### PIN Circumstances

5. Was the PIN recorded or kept?   
If so where:
6. Was record of PIN  Lost  Stolen Date  Place   
Time
7. Loss reported to Organisation  Date  Ref No.   
Time
8. Loss reported to  Police  Other  Date  Where   
Incident No.  Time
9. Has PIN been disclosed to anyone?  Yes  No
10. If YES to whom has PIN been disclosed?  Spouse  Family  Other

11. How and where did the loss of the card/Pin occur (Include information regarding any other institutions' cards)

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12. Date of last valid transaction  Amount \$

Member Signature  Signature  Date