

IMB Card Dispute Form – Visa & EFTPOS Cards

Please return form to IMB via:

POST: Cards & Payments
PO Box 2077
WOLLONGONG NSW 2500

EMAIL: cards@imb.com.au

IN PERSON: Drop off at any IMB Branch

Please complete this form in full. All sections are mandatory unless otherwise stated.

Card Number:

Account Number:

Cardholder Name:

Phone Number:

Preferred Correspondence Method:

Postal Email:

Disputed Transaction Details: *If you require additional space, please use the following page.*

Date	Transaction/Description (Merchant)	Amount
		\$
		\$
		\$
		\$
		\$

Dispute Type: *Please select the most appropriate and add details on the following page if required.*

1. I have not authorised or participated in this transaction(s)
At the time of the transaction(s), the card was: Lost Stolen In cardholders' possession.

IMB will be required to stop your card and issue you with a new one as the transactions are Unauthorised/Fraudulent. I confirm that neither I nor any additional cardholder on my account authorised or participated in the above transaction(s). I/We have not been in contact with this merchant and have not given my card details to this merchant at any stage. I confirm that the card was lost/stolen/ in my possession at the time of the disputed transaction took place (as per selection above).

Report of loss/theft made to:

IMB Direct: IMB Branch: After Hours Hotline: Ref No.:

Police: Police Event Number: *required if the card is lost/stolen.*

Date Reported: ____/____/____ Time Reported: ____:____ AM/PM

PIN Details:

Was the PIN lost or stolen? Yes No

Date Lost/Stolen: ____/____/____ Time lost/stolen:

Was the PIN disguised? Yes No If yes, how?

Was the PIN disclosed to any other person(s)? Yes No

If yes, who?

2. I have not received the Goods or Services I have paid for. They were expected on the date: ____/____/____.

I have contacted the Merchant to try and resolve this matter on ____/____/____.

Please provide copies of all correspondence between yourself and the merchant. Please include a description of what was purchased in Additional Details.



3. I authorised a transaction for \$ _____ on ____/____/_____. However, I did not authorise any other transactions.
Please contact the merchant in the first instance and request a refund and then provide IMB with a copy of all correspondence if the merchant does not issue a full/partial refund.
4. The goods or services I have paid for were damaged, defective or not as described. I returned the goods or cancelled the services on ____/____/_____. I contacted the merchant to try and resolve this matter on ____/____/_____.
 Tracking Number (if applicable): _____
Please provide photos of the damaged/defective/not as described goods. Please provide proof of correspondence between yourself and the merchant.
5. I only authorised one transaction for \$ _____ on ____/____/_____.
 I believe the transaction listed has been: duplicated processed for an incorrect amount.
Please provide evidence of:
 - Quoted amount (formal quote), confirmed amount (invoice) or consent to charge an amount to your card.
 - Another payment method used, e.g. cash receipt or use of a different card.
6. Other – If your dispute reason does not apply to any of the abovementioned, please provide IMB with a detailed description below.

Additional Details:

DECLARATION BY CARDHOLDER

I declare as follows:

That the information on this form is correct;

I consent IMB to conduct such enquiries as may be necessary to satisfy my claim;

I acknowledge that if any funds are reimbursed by IMB Bank, that IMB Bank may take necessary legal action against myself or any person(s) found to have misappropriated such funds.

PRIVACY NOTICE

IMB is committed to the protection of your personal information. We collect personal information to provide, manage and administer the products and services that we provide now and in the future. For information on how IMB holds, uses and discloses personal information and for details on how you can gain access to or seek the correction of the personal information we hold, or how you may complain about a privacy related matter, please refer to IMB's Privacy Notice and Privacy Policy which are updated from time to time and are available on our website at www.imb.com.au/privacy, from one of our branches or by calling 133 462.

Cardholder Signature:

Date: ____/____/_____

Please note this investigation may take up to 45 days – if it takes longer we will advise you via post or email.

IMB OFFICE USE ONLY – if form is returned via Branch

Receiving Branch: _____

Date: ____/____/_____

Procedures:

Ensure form is signed by the cardholder and signature is correct.

If unauthorised, list card as Lost/Stolen

IF VISA CARD – are there digital cards attached?

If yes: Contact Cards & Payments to determine if digital card has to be deleted

Email form to cards@imb.com.au

