

## Investigation Request for Disputed Corporate Card Transactions

- Please keep a copy of this completed form and original documentation.
- · Please acknowledge your account maybe stopped and reissued as required.

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## Privacy Notice:

We collect personal information such as contact and identity details of each person nominated on this form to verify your personal details to fulfil the nominated role on behalf of your account holding company. If you would like to know more about how we handle your personal information or how you can access or correct it visit our Privacy Statement on our website <a href="http://www.commbank.com.au/privacy">http://www.commbank.com.au/privacy</a>

Section 1 – Account Details								
Card number	Company name	Fac	cility number (N/A for Prepaid)					
Cardholder surname	Cardholder fu	ll given name(s)						
Select card type								
🗌 Corporate Card 🛛 Procurement Management Account 🗍 Virtual Card 💭 Prepaid Card								
Section 2 – Type of disputed transaction (please tick (🗸) as appropriate)								
□ I did not authorise the transaction(s) nor did any other party to this account.								
Please acknowledge your acceptance of us stopping your account before we can investigate the dispute , a new card will be issued. We cannot commence with investigation until the card has been stopped.								
$\Box$ I have not completed a transaction for the amount with a merchant.								
$\Box$ I only authorised one of the transactions (apparent duplication).								
I did engage in the transaction but did not receive the goods/services ordered (mail/telephone order).								
I have contacted/attempted to contact the merchant without success.								
☐ I have cancelled the authority with the n	(DD/MM/YYYY)							
I enclose a copy of my letter of cancellation to the merchant and confirm the authority was cancelled on								
The attached credit voucher has not been credited to my account.								
🗌 I used another method of payment for this transaction, not the above card account and I enclose my proof of payment.								
U Other (e.g. amount(s) incorrectly proces	sed).							
Please attach copy of any other documentation available that may assist us in our investigation.								
Section 3 – Please specify the exact nature of the dispute and if contact has been made with the merchant involved								

## Section 4 - Details of disputed transaction(s) as they appear on your statement. Please attach a copy of statement(s) if available.

Date (DD/MM/YYYY)	Merchant description	\$ Amount
		\$
		\$
		\$
		\$
		\$

I authorise the Bank to stop my account as required and correct the transaction(s) in dispute

22	Cardholder signature (or Point of Contact)	Date (DD/MM/YYYY)		
-826 0807	Primary email address for communication		Secondary email address (if required)	Page 1
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