



EFT Transaction Enquiry/Complaint

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



FOR OFFICE USE ONLY

Attention _____ Institution _____ Fax (____) _____

MEMBER DETAILS

Name _____

Member Number _____ Account Number _____

Address _____

Other persons authorised to operate on the account _____

DETAILS OF TRANSACTION TO BE INVESTIGATED

Access Method: ATM EFTPOS PHONELINK NETLINK BPAY

ATM/VISA card number if applicable _____

Date ____/____/____ Time _____ Withdrawal Transfer Bill Payment

Amount requested \$ _____ Amount received \$ _____

OR

Amount of unauthorised transaction \$ _____

Type and location of electronic equipment used _____

Details of the problem _____

Details of last valid transaction _____

DEVICE LOSS CIRCUMSTANCES

E.G. VISA Card, ATM Card - to be completed for unauthorised transactions

1. Was the device signed? Yes No N/A
2. Was the device Lost/Stolen _____ Date ____/____/____ Time _____ Place _____
3. Loss reported to Organisation _____ Date ____/____/____ Time _____ Reference No. _____
4. Loss reported to Police/Other _____ Date ____/____/____ Time _____ Reference No. _____

CODE CIRCUMSTANCES

E.G. PIN or password

5. Where was the code recorded or kept _____
6. Was the device Lost/Stolen _____ Date ____/____/____ Time _____ Place _____
7. Loss reported to Organisation _____ Date ____/____/____ Time _____ Reference No. _____
8. Loss reported to Police/Other _____ Date ____/____/____ Time _____ Reference No. _____
9. Has the code been disclosed to anyone? Yes No
10. If yes to whom has the code been disclosed? Spouse Family Other _____
11. How and where did the loss of the code occur? (Include information regarding any other institutions' cards. Include relevant details about steps taken to ensure security of device or codes) _____

12. Date of last valid transaction ____/____/____ Amount \$ _____

X

Signature

Date ____/____/____

OFFICE USE ONLY

Officer _____ Operator No. _____ Signature _____ Date ____/____/____

Forward to Saving Support Yes