

A. Membership Details

(PLEASE PRINT IN BLOCK LETTERS)

Title	Given Name(s)	Surname
Address		
Membership Number		

B. Osko/NPP/Direct Entry Recall Dispute Details

(PLEASE PRINT IN BLOCK LETTERS)

- I acknowledge the transaction was authorised. However the BSB, Account or PayID details are incorrect. I am seeking a recall of funds. Note: It may not always be possible to recover a payment paid to an unintended recipient.

Transaction details	Date	Incorrect BSB No.	Incorrect Account No.	Incorrect Account Name	Incorrect PayID
	Amount	Correct BSB No.	Correct Account No.	Correct Account Name	Correct PayID

- I acknowledge the transaction was authorised. However the intended recipient is claiming funds have not been received. I am seeking a recall of funds.

Transaction details	Date	Amount	BSB	Account Number	Account Name

- I agree to pay any fees. Please refer to the Fees & Cha PayID

C. Osko/NPP/Direct Entry Trace Dispute Details

(PLEASE PRINT IN BLOCK LETTERS)

- I acknowledge the transaction was authorised. However the BSB, Account or PayID details are incorrect. I am seeking a final destination of funds. Note: It may not always be possible to recover a payment paid to an unintended recipient.

Transaction details	Date	Incorrect BSB No.	Incorrect Account No.	Incorrect Account Name	Incorrect PayID
	Amount	Correct BSB No.	Correct Account No.	Correct Account Name	Correct PayID

- I acknowledge the transaction was authorised. However the intended recipient is claiming funds have not been received. I am seeking a trace on this transaction.

Transaction details	Date	Amount	BSB	Account Number	Account Name

- I agree to pay any fees. Please refer to the Fees & Charges and Transaction Limits for all the details.

D. BPay Details for Investigation

(PLEASE PRINT IN BLOCK LETTERS)

Billor Name	Billor Code	Date Payment Due
Customer Reference Number	Receipt Number	Amount \$

- Payment not received by Billor
 Payment made to wrong Billor
 Payment duplicated
 Payment made with wrong Customer Reference Number

Incorrect CRN	Correct CRN
---------------	-------------

- Other (please provide details)

- I agree to pay the any fees. Please refer to the Fees & Charges and Transaction Limits for all the details.

BPay investigations are to be sent to the Finance Department.

Declaration

I declare that the above information is true and correct.

Signature

X	Date / /
---	----------

Signature

X	Date / /
---	----------

Operations Use Only

Operator Name	Date and time received
---------------	------------------------