



Travel Money ATM Shortpay Request for Investigation

Instructions

- Please keep a copy of this completed form and original documentation.
- The signed form must be sent or faxed to the address indicated.
- If acknowledgement of your request is not received within 10 business days, please call Travel Money on 1300 660 700.

To: **2067** Operations Processing Centre, Reconciliations and Disputes
PO Box 492, Lidcombe NSW 1825
Facsimile number (02) 8737 3623

Section 1 - Customer details

Title Mr Mrs Miss Ms Other

First name Last name

Home address
 State Postcode

Home telephone number Business telephone number Mobile number

Section 2 - Card details (give details of card that initiated the transaction)

Travel Money Card number - Primary Travel Money card number - Backup

Section 3 - Details of transaction(s) requiring investigation

Note:

(a) A copy of the receipt(s) (if available) are to be attached.

(b) A copy of the online transaction listing from www.commbank.com.au/travelmoney showing the transaction in dispute **MUST** be attached.

(c) An ATM Shortpay only occurs when all of the following apply:

- The cardholder states that they made the transaction requiring investigation
- The cardholder did not receive all or some of the cash requested
- The account has been debited

Type of ATM (please tick appropriate box) CBA Other Bank ATM

Date of transaction	Amount of withdrawal	Amount received	Amount shortpaid	Time of transaction	Location/Details of ATM
<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Section 4 - To be completed by customer in their own words
(please print clearly if insufficient space attach a piece of paper with your additional information)

Give details about the problem (attach copies of any transaction receipts, give name and addresses of any witnesses)

I request the Bank to investigate this claim and declare that the details are true and correct to the best of my knowledge. I am aware that the Bank may provide information to the police to assist in their investigation and resolution of the dispute.

Customer's signature Time Date / /