

Notice of Disputed Transaction Form

Please read this form carefully before you start and complete all sections that apply. Post or email your form, and any supporting documents, to the contact details at the end of this form.

Please print clearly.

Card Number

Savvy Member ID

Cardholder Details

First name(s)

Middle name(s)

Last name

Phone number

Email

I wish to dispute the transaction/s below (If you have additional transactions to dispute attach supporting documentation to this form)

Date	Transaction Details	Amount (NZD)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Cardholder Dispute Tick the ONE that is most appropriate and attach any supporting documentation

I did not authorise or initiate this transaction.

If your issue relates to one of the options below, please ensure you have tried to resolve it with the retailer first. If they are unable or unwilling to do so, only then are we able to follow up on your behalf, though please note, a \$50 fee per disputed transaction applies, in most cases.

I requested an ATM withdrawal of \$ on at :

Day Month Year

and received \$ from the ATM on

Bank (e.g ANZ)

Location (e.g Queen St , Auckland)

An agreed credit with the retailer has not been processed. Return or cancellation date:

Day Month Year

I only authorised one of these transactions.

I did initiate the transaction but only for the amount of \$

I have not received the goods or services and have tried to resolve this directly with the retailer.

Goods ordered \$ Delivery expected

Day Month Year

I made payment for the goods or services by means other than my card.

The goods or services received were not as described or defective and I have tried to resolve this directly with the retailer.

Delivery date of the goods or services

Day Month Year

I cancelled a recurring transaction or subscription before billing. Cancellation date

Day Month Year

Continued on next page

Please provide any further information that may help us resolve your dispute.

The facts provided by me are accurate to the best of my knowledge and I am not currently pursuing any other remedies for resolution.

Signed (customer signature and date)

Day

Month

Year

Please email or post your completed form to:

Email address: savvy@booster.co.nz

Postal address: **Booster Financial Services Limited Chargebacks and Disputes**
PO Box 11872, Manners Street, Wellington 6011