



DISPUTED TRANSACTION ADVICE

Please complete the following using
ALL CAPITAL LETTERS and blue or black ballpoint pen.

Please complete the details below and return to Latitude Financial Services Chargeback Department.

If you have any queries, please call 03 9921 6963.

Return Details

The Manager

Latitude Financial Services Chargeback Department
Reply Paid 1076J Melbourne VIC 3001

You may also return via

Fax: 1300 652 704
E-mail: disputes@latitudefinancial.com

Your MasterCard Card Details

MasterCard Account Name

Title	First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Latitude Financial Services MasterCard Card Number

5	<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"/>
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Transaction Details

Date	Amount	Merchant Name
<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"/>

Please be advised that I am disputing the abovementioned item(s) charged to my MasterCard account because:

- I do not recognise the transaction(s) and would like more information.
- Neither myself nor anyone authorised by myself has engaged in the transaction(s).
- I had an agreement with merchant to supply goods or services. I have not received any goods or services for the above transaction(s) and have contacted/attempted to contact the merchant to resolve the issue on _____.
- Although I did have an agreement with the Merchant to debit my account, I cancelled this Authority on _____.
- ATM failed to dispense requested amount of cash. Amount received \$ _____
- Other (please specify*)

*Please attach additional pages if required

Signature

Signature of Primary
Cardholder

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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