



BPAY INVESTIGATION REQUEST

Northern Inland Credit Union Limited ABN 36 087 650 422 AFSL 235022

Form
BP5

Op no.

ADMINISTRATION STAFF TO COMPLETE THE FOLLOWING, THEN PHONE CALLDIRECT ON 1300 650 501

Call Direct will request the following information and issue a reference number

FOR FILE OPTICS:

Member name/s: Member no.: Account:

CALLDIRECT REFERENCE NO:

CREDIT UNION: Northern Inland Credit Union Limited

CONTACT NICU STAFF MEMBER:

PHONE NUMBER: 02 6763

FAX NUMBER: 02 6761 2332

Processing date: Amount: \$. Biller name:

Biller no.: Customer reference no: Account no.:

Transaction receipt no.: Payment Medium: Telephone Internet Over the counter BPAY

Payment was: Duplicated Not received by biller Made to wrong biller

Made to wrong customer reference number (CRN)

Incorrect CRN: Correct CRN:

Other (provide details):

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CUSCAL WILL FORWARD THE INVESTIGATION REQUEST TO THE BILLER FINANCIAL INSTITUTION WITHIN 12 HOURS.

NORMAL RESPONSE TIME FROM THE OTHER FINANCIAL INSTITUTIONS IS APPROX 48 HOURS.

CUSCAL WILL ADVISE NICU OF THE OUTCOME BY FAX.