

Chargeback Services Dispute/Fraud Cover Sheet

Attention: Chargeback Services (Chargeback Customer Service Inquiries: 1-800-600-5249)

Fax: 1-866-451-6263

Mail: PO BOX 30495, Tampa, FL 33630-3495

From (*Institution Name*) :

Phone:

Contact name:

Today's date:

Fax:

***Date cardholder reported claim:**

Total # of pages faxed:

Total # of fraud/dispute transactions:

***Note: If *Date cardholder reported claim* is blank, the date will default to the date the fax is received.**

Check Only One:

- Cardholder initiated dispute claim
- Cardholder initiated fraud claim
- Request copy of sales slip and DO NOT chargeback if not received
- Request copy of sales slip and DO chargeback if not received
- Institution requests chargeback
 - Select one reason: No authorization code Declined authorization Account not on file
 - Non-matching account number Other (Please explain):

Card #:

(Please provide the card number on which the disputed transaction occurred)

Account Status: Open Closed Lost/Stolen- Status Code _____ Date Stated _____

Note: Please ensure the account is permanently blocked if initiating a fraud claim.

Cardholder Name: (please print)

First: _____ **Last:** _____

Disputed/Fraud Transactions

Transaction Date	Post Date	Amount	Merchant Name
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Dispute Information Form

Card #:

Cardholder Name: (please print)

First: _____ Last: _____

Please check only one statement that pertains to the dispute or fraud claim being filed and provide the information requested. The templates below assume the cardholder's perspective.

Unrecognized (I am not sure if I made this transaction)

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

Incorrect Amount (I was billed the wrong amount)

What was the amount you should have been billed? _____ (Please provide a receipt if available)

What was purchased? _____

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

Duplicate Charge (I have been billed more than once for the same transaction)

What was purchased? _____

Please provide a copy of the statement and identify which charge is valid and which is a duplicate.

Paid by Other Means (I paid for this transaction via another payment method or credit card)

What was purchased? _____

Paid by: (Circle One) Check Cash Another Credit Card Other _____

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used.

Cancelled (I was charged for something I previously cancelled)

What was purchased? _____

Were you advised of the merchant's cancellation policy? _____

If so, how were you advised? _____

What was your method of cancellation? (Circle One) Phone Mail Email Other _____

Date of cancellation: _____

Cancellation number and/or name of person you spoke with: _____

Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation in the space for **additional information** below.

If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide a copy of the email correspondence.

Merchandise not as Described (The merchandise I received was damaged, defective, or not what I ordered)

What was purchased? _____

Date the merchandise was received: _____

Date you returned the merchandise or made it available for pick up: _____

Return authorization number or cancellation number if available: _____

Tracking number for returned merchandise: _____

Please describe your attempt to resolve this dispute with the merchant and how the merchandise you received was different from what was described in the space for **additional information** below.

Cardholder Certification of Fraudulent Activity

Card #:

Cardholder Name: (please print)

First: _____ Last: _____

Unauthorized (I am positive I did not make this transaction)
I did not make nor authorize the charge(s), or authorize anyone else to make the charge(s).
I give permission for my card to be blocked and for a new account number to be issued to me if necessary.

At the time the fraudulent transaction(s) occurred, my card was (check one):
 in my possession. not in my possession.

Cardholder Signature: _____ Date: _____

Note: FIS has final responsibility to determine the correct reason code based on information provided and investigation results.