

# FIS Dispute Resolution Center

## Dispute/Fraud Cover Sheet

Revised: 10/18/2013

**Attention: Chargeback Services** (Chargeback Customer Service Inquiries) : 1.800.600.5249

**Fax:** 1.800.253.1220

**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 (unless requesting fraud claim):**

☐ 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 (if applicable)

☐ 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 as lost or stolen if initiating a fraud claim. Also, be sure to list below only the charges that your financial institution wishes to be included in the fraud claim that will be initiated.**

**Cardholder Name:** (please print)

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

### Disputed/Fraud Transactions

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



<b>FIS Dispute Resolution Center</b> <b>Dispute/Fraud Cover Sheet</b>
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### Additional Disputed/Fraud Transactions

[illegible]

**Cardholder Name:** (please print)

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

[illegible]

# FIS Dispute Resolution Center

## Dispute/Fraud Cover Sheet

### 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: (Check 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? (Check 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.



# FIS Dispute Resolution Center

## Dispute/Fraud Cover Sheet

☐ **Service not as Described** (The service I received was not what I expected based on the description provided by the merchant)

What was purchased? \_\_\_\_\_

Date the service was received: \_\_\_\_\_

Date you cancelled or attempted to cancel the service: \_\_\_\_\_

Was merchandise received with the service? \_\_\_\_\_

If yes, please provide the following:

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 service you received was different from what was described in the space for **additional information** below.

☐ **Credit not Processed** (I did not receive credit that was promised to me by the merchant)

What was purchased? \_\_\_\_\_

Expected date of credit: \_\_\_\_\_

Date merchandise or service was received: \_\_\_\_\_

Date merchandise or service was returned or cancelled: \_\_\_\_\_

If credit is for merchandise, please provide the following:

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 your reasons for cancellation/return in the space for **additional information** below.

*Please provide a copy of the return receipt or proof of return, such as a postal receipt if applicable. Please provide any documentation you have, such as a credit voucher, that supports your claim the merchant promised you a credit.*

☐ **Non-Receipt of Merchandise or Service** (I did not receive the merchandise or service I ordered by the agreed upon date)

What was purchased? \_\_\_\_\_

Date you expected to receive the merchandise or service: \_\_\_\_\_

If merchandise, was it to be shipped or picked up? \_\_\_\_\_

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

**Additional Information** (Please provide additional information required for the dispute type and a full description of your interaction with the merchant from purchase to your last contact. Attach additional pages if necessary.)

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



## FIS Dispute Resolution Center Dispute/Fraud Cover Sheet

### 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 not authorize the charge(s), or authorize anyone else to make the charge(s). I give my permission for my card to be blocked and for a new account number to be issued to me if necessary.

At the time of 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.**

# FIS Dispute Resolution Center

## Dispute/Fraud Cover Sheet

### Chargeback Services Dispute/Fraud Cover Sheet Instructions

1. Please allow at least 3 business days to begin processing. Length of entire dispute/fraud process varies based on complexity of claim. Please review contract for specific service level agreements.
2. Please fill out all applicable sections of the cover sheet using blue or black ink. Complete information helps to increase efficiency and speed in handling the claim.
3. You may utilize this coversheet for submitting new claims or for adding transactions to existing claims.
4. Please submit only one cover sheet per account number and include the account number on each page of submission.
5. Please submit only one cover sheet per dispute or fraud type. For example, assume your cardholder is disputing 5 transactions and 3 are fraud and 2 are for merchandise that was not received. You would submit one form for the 3 fraud charges and one form for the 2 charges that are being disputed due to merchandise that was not received. PIN based charges that did not go through the Visa network are to be sent via email to Peter Gerhardt, John Bucher, Tiffany Hamilton and J Byron Moore only.
6. Fax all dispute documentation including the cover sheet and any other related documentation regarding the cardholder dispute or fraud case.
7. Not all pages of this document need to be returned with your submission. Please use the following as a guide:
  - a. Page 1- *Required*- Always include this page
  - b. Page 2- *Conditional*- Include whenever more transactions than will fit on page 1 are being submitted for a dispute or fraud claim
  - c. Pages 3 & 4- *Conditional*- Include only when submitting a dispute claim
  - d. Page 5- *Conditional*-Include only when submitting a fraud claim
  - e. Page 6- *Do not include*-For your reference only
8. A copy of the **Fraud Investigation Form** should be sent to the cardholder when a cardholder has reported fraudulent charges have posted to their account. The Fraud Investigation Form is attached; please include this form with your fax if it is available at the time of submission when submitting a fraud claim. Otherwise, the cardholder should either fax or mail the Fraud Investigation Form to FIS at the fax number or address below.

### Chargeback Services Contact Information

**Fax Number:** 1-800-253-1220 **Address:** PO BOX 30495, Tampa, FL 33630-3495

### Additional Information

#### **Full Service Institutions:**

FIS can initiate dispute and fraud cases for your cardholders over the phone. The associates answering these calls are also able to provide status updates and answer questions regarding dispute or fraud cases. If you choose to refer your cardholders directly to us, please provide them with the following number:

**Chargeback Customer Service (Cardholder): 1.800.600.5249**

**(Operating hours: 8am-9pm EST M – F and 9am – 3pm EST on Saturdays)**

If you have inquiries on a dispute or fraud case, or would like to initiate a claim on behalf of your cardholder you may reach us at the number below. **This number is for financial institution use only. Please do not provide this number to cardholders:**

**Chargeback Customer Service (Financial Institutions ONLY): 1.800.854.1557**

**(Operating hours: 8am-9pm EST M – F and 9am – 3pm EST on Saturdays)**

#### **Basic Service Institutions:**

For financial institutions with Basic Chargeback Services, FIS can initiate dispute and fraud cases over the phone. If you have inquiries on a dispute or fraud case, or would like to initiate a claim on behalf of your cardholder you may reach us at the number below. **This number is for financial institution use only. Please do not provide this number to cardholders:**

**Chargeback Customer Service (Financial Institutions ONLY): 1.800.854.1557**

**Operating hours: 8am-9pm EST M – F and 9am – 3pm EST on Saturdays)**



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**FRAUD INVESTIGATION FORM**  
PO Box 30495 Tampa, FL 33630-3495  
Or by fax to 1.800.253.1220

1. My mailing address is \_\_\_\_\_  
My telephone number at home is ( ) \_\_\_\_\_ and at work is ( ) \_\_\_\_\_
2. My credit/debit card was issued by [Institution Name] and the account number is \_\_\_\_\_
3. The above card was requested by me. ☐ YES ☐ NO
4. The following other person(s) were issued card(s) in their name(s) with the same account number as my Card:  
\_\_\_\_\_  
\_\_\_\_\_
5. To the best of my knowledge, my Card was: (check one of the following)  
☐ Lost .....on approximately \_\_\_\_\_  
(Month/Day/Year)  
☐ Stolen .....approximately \_\_\_\_\_  
(Month/Day/Year)  
☐ Never Received  
☐ In my possession at all times when the fraudulent transaction(s) occurred.
6. I learned of the fraud on approximately \_\_\_\_\_ (MM/DD/YYYY). I reported my card lost/stolen on \_\_\_\_\_ (MM/DD/YYYY).
7. The transactions listed on the following page(s) of this form were (check the box next to each true statement):  
☐ Not made or authorized by me.  
☐ To the best of my knowledge not made by any person who was authorized to use my Card.  
☐ To the best of my knowledge not made by any person listed in Section 4 above.
8. I did not receive any benefit from the transactions listed on the following page(s).
9. I ☐ do ☐ do not have knowledge of the identity of the person(s) illegally using my name, account number or Card. (If you have such knowledge, please provide this information in the section provided on the bottom of page two.)
10. I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account.

For your protection, California law requires that the following appear on form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Primary**  
**Cardholder Signature:** \_\_\_\_\_

**Secondary**  
**Cardholder Signature:** \_\_\_\_\_



FIS Dispute Resolution Center

Dispute/Fraud Cover Sheet

**List of Unauthorized Transactions**

(If you are aware of additional fraud charges that are not listed, please add them below or to the backside of this page.)

Transaction Date	Transaction Amount	Merchant Name

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person(s) who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).

**Additional Comments**