

**FIS Dispute Resolution Center
Dispute/Fraud Cover Sheet**

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)
 Loston approximately _____ (Month/Day/Year)
 Stolenapproximately _____ (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: _____



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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

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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.

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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.

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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.)

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

