

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
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____



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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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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

