

# 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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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.)

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



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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.**

