

FIS Full - Service Debit Dispute Resolution Center Dispute/Fraud Cover Sheet

Attention: Chargeback Services (Chargeback Customer Service Inquiries) 1-833-995-2888

Fax: 1.800.253.1220 **Mail:** P.O. 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 #:

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(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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Additional Disputed/Fraud Transactions

Card #:

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Cardholder Name: (please print)

First: _____ **Last:** _____

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



FIS Full-Service Debit Dispute Resolution Center

Dispute/Fraud Cover Sheet

Dispute Information Form

Card #:

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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.



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Cardholder Certification of Fraudulent Activity

Card #:

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Cardholder Name: (please print)

First: _____ Last: _____

Unauthorized (I am positive I did not make this transaction)
I did not make 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 Full-Service Debit Dispute Resolution Center

Dispute/Fraud Cover Sheet

Chargeback Services Dispute/Fraud Cover Sheet Instructions

1. Please allow at least three 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 five transactions and three are fraud and two are for merchandise that was not received. You would submit one form for the three fraud charges and one form for the two charges that are being disputed due to merchandise that was not received.
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:** P.O. 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:

Full-Service Debit Chargeback Customer Service Call Center (Cardholder): 1-833-995-2888

(Operating hours: 8am-8:45pm EST M – F and 9am-2:45pm EST on Saturdays)

