

Dispute Information Form

16 digit 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.

☐ **Incorrect Amount** (I was billed the wrong amount)

What was the amount you should have been billed?

What was purchased?

- Please provide a receipt, if available.
- 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 the duplicate.

☐ **Paid by Other Means** (I paid for this transaction via another payment method or credit card)

What was purchased?

Paid by: ☐ Check ☐ Cash ☐ Different Card ☐ Other:

- Please provide a copy of your cash receipt, the front and back of your canceled check or a copy of your statement if another credit/debit card was used.
- Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

☐ **Canceled** (I was charged for something I previously canceled)

What was purchased?

Were you advised of the merchant's cancellation policy? ☐ Yes ☐ No

If yes, how were you advised?

What was your method of cancellation? ☐ Phone ☐ Mail ☐ Email ☐ Other:

Date of cancellation:

Cancellation number and/or name of person you spoke with:

- If you canceled by phone, please provide a copy of the telephone bill reflecting the call if available.
- If you canceled by email, please provide a copy of the email correspondence.
- Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation in the space for **additional information** below.

☐ **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.

☐ **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 canceled or attempted to cancel the service:

Was merchandise received with the service? ☐ Yes ☐ No

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 canceled:

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 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.
- Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation/return in the space for additional information below.

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? ☐ Shipped ☐ 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.

Fraud Information Form

Cardholder Certification of Fraudulent Activity

16 digit 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 or authorize the transaction(s) or authorize anyone else to make the transaction(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.