

## Dispute Resolution Center (DRC) Dispute/Fraud Cover Sheet

**Attention:** Chargeback Services

**Fax:** 1-800-253-1220

**Upload:** Upload coversheet directly to the Dispute Resolution Center (DRC) - *preferred method*

**From** (*Institution Name*):

**Phone:**

**Contact name:**

**Today's date:**

**Fax:**

**Date cardholder reported claim\*:**

**Total # of pages:**

**Total # of transactions:**

**\*If 'Date cardholder reported claim' field is blank, the date will default to the date the document is received.**

**Check only one:**

☐ 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

☐ Institution requests chargeback

Select one reason: ☐ No authorization code ☐ Declined authorization ☐ Account not on file

☐ Non-matching account number ☐ Other (Please explain):

**16 digit card #:**

(Please provide the card number on which the disputed transaction occurred)

**Account Status:**

Open

Closed

Lost/Stolen

**Status Code**

**Date Stated:**

*Please ensure the account is permanently blocked if initiating a fraud claim.*

**Cardholder Name:** (please print)

**First:**

**Last:**

### Dispute/Fraud Transactions

**Transaction Date**

**Post Date**

**Amount**

**Merchant Name**

## Additional Dispute/Fraud Transactions

16 digit card #:

**Cardholder Name:** (please print)

**First:**

**Last:**

**Transaction Date**

**Post Date**

**Amount**

**Merchant Name**

## Dispute Information Form

16 digit 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.

**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 if 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.)

## Fraud Information Form

### Cardholder Certification of Fraudulent Activity

16 digit card #:

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.

# Dispute Resolution Center (DRC)

## Dispute/Fraud Cover Sheet Instructions

1. Please fill out all applicable sections of the cover sheet electronically or hand write with blue or black ink. Complete information helps to increase efficiency and speed in processing the claim.
2. You may utilize this coversheet as a tool to assist you in collecting information when submitting new claims or for adding transactions to existing claims.
3. This cover sheet should be used only for transactions that posted after your DRC go-live date. Any transactions that posted prior to that date will need to follow the process to submit those transactions with all the required information for processing.
4. Please submit only one coversheet per account number and include the account number on each page of submission.
5. Please submit only one cover sheet per claim 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. 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
  - 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 reference only