

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

I (the cardholder) did not make or authorize anyone else to make the charge(s) listed.

At the time of the fraudulent transaction(s) occurred, my card was (check one):

In my possession Lost/Stolen Account Takeover Sent Not Received Fraud Application

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)

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

Card Status Code:

Date Stated:

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 claim being filed and provide the requested information
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?

Detailed description of what was purchased:

Please provide a receipt, if available.

Please describe your attempt to resolve this dispute with the merchant with date of contact.

Duplicate Charge (I have been billed more than once for the same transaction)

Detailed description of what was purchased:

Please provide a copy of your statement and identify which charge is valid and which is the duplicate.

Please describe your attempt to resolve this dispute with the merchant with date of contact.

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

Detailed description of what was purchased:

Paid by: Check Cash Different Card Other - please specify:

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 with date of contact.

Canceled (I was charged for something I previously canceled)

Detailed description of what was purchased?

Reason for cancellation:

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 - please specify:

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 date of contact.

Merchandise not as Described (The merchandise I received was not what I expected based on the description provided by the merchant)

Detailed description of what was purchased:

Date merchandise was received:

Date merchandise was returned or made 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 with date of contact and provide detailed description of how the merchandise was different than described.

Dispute Information Form

16 digit card #

Cardholder Name: (please print)

First:

Last:

Service not as Described (The service I received was not what I expected based on the description provided by the merchant)

Detailed description of 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 with the merchant with date of contact and provide a detailed description of how the service was different than described.

Credit not Processed (I did not receive credit that was promised to me by the merchant)

Detailed description of what was purchased:

Date the credit was expected:

Date you received the merchandise or service:

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 provide a copy of the return receipt/credit voucher or proof of return, if applicable, and/or any documentation you have that supports your claim that the merchant promised you a credit.

Please describe your attempt to resolve with the merchant with date of contact.

Non-Receipt of Merchandise or Service (I did not receive merchandise or service I ordered by the agreed upon date)

Detailed description of what was purchased:

Date the merchandise or service was expected:

If merchandise, was it to be shipped or picked up? Shipped Picked up

Please describe your attempt to resolve this dispute with the merchant with date of contact.

Additional Information

16 digit card #:

Cardholder Name (please print)

First:

Last:

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.

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 every 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 additional information needs to be provided.
- e. **Page 6 - Do not include:** For reference only.