

Plastic Card Affirmation-VISA Credit Card

Name: _____

Home/Cell Phone: _____

Street Address: _____

Work Phone: _____

City, State, Zip: _____

Email: _____

Card Number: _____

EMV Chip Card? Yes No

Type of Loss: Lost Stolen Misplaced Card not working Other

Card was in my possession at the time the transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):

Merchant Name:	Amount:	Transaction Date:

I have listed additional disputes on page 3 of this form.

The following selection explains my dispute. Select only **one** box to indicate this is either a non-fraud or fraud dispute.

NON-FRAUD DISPUTE – CARDHOLDER IS REQUIRED TO ATTEMPT TO CONTACT THE MERCHANT TO REMEDY DISPUTE

I certify that I participated in the above transaction but have not received the merchandise or service. I purchased: _____

Provide details about the merchandise or service you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant in the **Additional Details** area of this form.

I certify that I participated in the above transaction but returned the merchandise or canceled services on _____ (date) per the merchant’s instructions and have not received credit. Merchant cancellation policies may apply. Provide full details in the **Additional Details** area of this form.

I contacted the merchant on _____ (date) and cancelled the monthly recurring transaction. Merchant cancellation policies may apply. Provide full details in the **Additional Details** area of this form.

I received a price adjustment (credit slip) on the above transaction, and it has not appeared on my statement. I have included a copy of the credit slip.

I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount is _____ and date it was authorized is _____.

I certify that this transaction was paid by other means. Proof of payment by other means must be provided.

I certify that an incorrect amount was processed by the merchant. The correct amount is _____. Proof of correct amount must be provided.

The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the **Additional Details** area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant’s response.

- The merchandise/service was not as described or different than purchased. The merchandise/service was materially different from what was purchased. Describe in the **Additional Details** area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.

Attempt to Resolve Information

In dispute cases *except* those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Describe your attempt to resolve here.

- I have attempted to resolve with the merchant. Yes No
- Date of contact: _____
- Contact method: Telephone E-mail In-person Other – Describe in **Additional Details**
- Merchant's response:

- If no attempt, why not?

FRAUD DISPUTE – CARDHOLDER IS NOT REQUIRED TO ATTEMPT TO CONTACT MERCHANT

- I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. **Card will be blocked.**

Additional Details:

I understand if I use said card(s) after reported lost or stolen, I will be liable for recovery fees. I realize that there is a \$10.00 per card replacement fee.

I, the holder of the VISA Credit Card do hereby affirm that the above information is true and correct.

Cardholder Signature _____ **Date:** _____

**FIS Dispute Resolution Center
Dispute/Fraud Cover Sheet**

List of Unauthorized Transactions

(If you are aware of additional fraud charges that are not listed, please add them below or to the backside of this page.)

Transaction Date	Transaction Amount	Merchant Name

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person(s) who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).

Additional Comments



FIS Dispute Resolution Center Dispute/Fraud Cover Sheet

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.



**FIS Dispute Resolution Center
Dispute/Fraud Cover Sheet**

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.



**FIS Dispute Resolution Center
Dispute/Fraud Cover Sheet**

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.





This Form Only Needs to be Completed If
Transactions Total **\$250.00** or More

Cardholder Dispute Form

Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Cardholder Information

Cardholder Name		Home/Cell Phone ()	Work Phone ()
Mailing Address	Street	City	State ZIP
Card Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, Card was: <input type="checkbox"/> In Member's Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- This Cardholder Dispute Form is completed for the purpose of establishing the fraudulent use of a Credit/Debit/ATM card(s).
- Member did not give, sell, or trade card(s) to anyone nor did they give anyone permission to use the card(s).
- Member has no knowledge that their spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated above.
- Member did not receive any benefit from the unauthorized use of the Credit/Debit/ATM card(s).
- Member did not use card nor authorize the use of card by anyone else after the unauthorized use of the card was discovered.
- Member examined all of the unauthorized transactions and in each instance, did not originate the transaction nor authorize it.
- Further, member did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized below and on the back of this page): \$ _____

Name and Address of Unauthorized User (if known)

Unauthorized Transactions See Attached Listing

Comments:

Employee Name

Branch

Teller #

Date