

## 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.**

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**FRAUD INVESTIGATION FORM**  
PO Box 30495 Tampa, FL 33630-3495  
Or by fax to 1.800.253.1220

1. My mailing address is \_\_\_\_\_  
My telephone number at home is ( ) \_\_\_\_\_ and at work is ( ) \_\_\_\_\_
2. My credit/debit card was issued by [Institution Name] and the account number is \_\_\_\_\_
3. The above card was requested by me.  YES  NO
4. The following other person(s) were issued card(s) in their name(s) with the same account number as my Card:  
\_\_\_\_\_  
\_\_\_\_\_
5. To the best of my knowledge, my Card was: (check one of the following)  
 Lost .....on approximately \_\_\_\_\_  
(Month/Day/Year)  
 Stolen .....approximately \_\_\_\_\_  
(Month/Day/Year)  
 Never Received  
 In my possession at all times when the fraudulent transaction(s) occurred.
6. I learned of the fraud on approximately \_\_\_\_\_ (MM/DD/YYYY). I reported my card lost/stolen on \_\_\_\_\_ (MM/DD/YYYY).
7. The transactions listed on the following page(s) of this form were (check the box next to each true statement):  
 Not made or authorized by me.  
 To the best of my knowledge not made by any person who was authorized to use my Card.  
 To the best of my knowledge not made by any person listed in Section 4 above.
8. I did not receive any benefit from the transactions listed on the following page(s).
9. I  do  do not have knowledge of the identity of the person(s) illegally using my name, account number or Card. (If you have such knowledge, please provide this information in the section provided on the bottom of page two.)
10. I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account.

For your protection, California law requires that the following appear on form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Primary**  
Cardholder Signature: \_\_\_\_\_

**Secondary**  
Cardholder Signature: \_\_\_\_\_



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### 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.

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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).

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**Additional Comments**

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