

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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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
