

Manual Dispute/Fraud Cover Sheet

Attention: Upload to Chargeback Services via FIS client portal.

- **Select:** Debit Card Processing
- **Select:** Premium- Chargebacks Processing- Claim Research

From: (Institution Name): Bank of Old Monroe **Phone:** _____

Contact name: _____ **Today's date:** _____

Fax: _____ **Date cardholder reported claim:** _____

Total # of pages faxed: _____ **Total # of fraud/dispute transactions:** _____

***Note: If Date cardholder reported claim is blank, the date will default to the date the fax is received.**

Check Only One (unless requesting fraud claim):

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 (if applicable)

Institution requests chargeback

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

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

Card #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Card Status: Open Closed Lost/Stolen- Status Code _____ Date Status _____

***Note: Please ensure the account is permanently blocked as lost or stolen if initiating a fraud claim. Also, be sure to list below only the charges that your financial institution wishes to be included in the fraud claim that will be initiated.**

Cardholder Name: (please print) First: _____ Last: _____

Account Number: _____ **Phone Number:** _____

Address: _____

Disputed/Fraud Transactions			
Transaction Date	Post Date	Amount	Merchant Name
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



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Additional Disputed/Fraud Transactions

Card #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cardholder Name: (please print)

First: _____ Last: _____

Transaction Date	Post Date	Amount	Merchant Name
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
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		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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Dispute Information Form

Card #:

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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 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 pickup: _____
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.



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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 pickup: _____

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 pickup: _____

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.

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Cardholder Certification of Fraudulent Activity

Card #:

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Cardholder Name: (please print)

First: _____ Last: _____

Unauthorized (I am positive I did not make this transaction)
I did not make 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.

Verbal Statement taken by:

Signed Statement taken by: