

## **CREDIT CARD DISPUTE/FRAUD PACKAGE CHECKLIST**

**Each of the following items must be checked off in order for the package to be complete:**

- Make sure that card has been closed if **fraud** is being reported. If the card has not been closed, then the member needs to call **1-800-543-5073** to close the card.
- Have completed the following forms for the appropriate claim being filed (**please indicate the type of claim being filed below**):
  - Credit Card Dispute Forms
    - 1) CREDIT CARD DISPUTE/FRAUD PACKAGE CHECKLIST
    - 2) FIS CARDHOLDER DISPUTE FORM (**pages1 & 2**)
  - Credit Card Fraud Forms
    - 1) CREDIT CARD DISPUTE/FRAUD PACKAGE CHECKLIST
    - 2) FIS CARDHOLDER DISPUTE FORM (**pages1, 2 and 3**)
- Have faxed the completed claim package to the FIS Credit Card Claim department on the same business day claim was received (**727**) **570-8810**.



(If you have any 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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**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.**

