



Visa Liability Waiver

Visa Commercial or Business Card Affidavit of Waiver Claim Form

Company			
This form must be returned to the Financial Institution within 90 days of Notification of Termination.			
Company Information			
Company Name		Has a claim for this charge been submitted under any other insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Are you or the company aware of any prior dishonest acts committed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	Date Account Cancellation Notification Letter sent to employee _____
Contact Person		Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Kit and Program Outline.	
Contact Phone			
Date of Account Cancellation Request to Issuing Financial Institution (MM/DD/YY)			
Employee Information			
Employee Name		Notification of Termination Date _____	
Street Address		Termination Date _____	
City	State	ZIP	Is the Employee an: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Principal Shareholder <input type="checkbox"/> None of the Above
Phone		Transaction Type: <input type="checkbox"/> Does Not Benefit Company \$ _____	
Social Security Number		<input type="checkbox"/> Employee Reimbursed but Failed to Pay Account \$ _____	
Account Number		Total Amount of Submitted Waivable Charges \$ _____	
Type of Card: <input type="checkbox"/> Visa Business Credit Card <input type="checkbox"/> Visa Business Check Card <input type="checkbox"/> Visa Corporate Card <input type="checkbox"/> Visa Purchasing Card		Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Kit and Program Outline.	
Card Issue Date (MM/DD/YY)		Employee Hire Date (MM/DD/YY)	
Request for Waiver of Charges			
<p>I wish to certify that the above named Cardholder was an employee of _____ (Company Name). According to the terms of the policy, the above named former employee has used his/her card to make unauthorized transactions, or cash advances, which did not benefit our Company, or has received reimbursement for Company expenses but failed to render payment to the account in the amount of \$ _____ as detailed above. As _____ (Company Name) is liable for these charges under the agreement with _____ (Financial Institution), we request a waiver of the charges under the terms and conditions of the policy. Furthermore, if the Company recovers any amounts for the waived charges from any source after the Company has requested a waiver of the transactions, the Company will remit all such recoveries to the Financial Institution.</p> <p>The Company agrees to assign any rights it may have to collect such amounts from the Cardholder to the Program Underwriter for Visa claims.</p> <p>I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS ACCURATE.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____ Title _____</p>			
Claim Processing Checklist (Prior to Submission)			
You Must: <input type="checkbox"/> Complete every question on this form (incomplete forms will be returned) <input type="checkbox"/> Sign and date this form			
Attach: <input type="checkbox"/> Employee Account Cancellation Notification Letter <input type="checkbox"/> Copy of statement with Waivable Transactions highlighted (must equal amount claimed) <input type="checkbox"/> For claims over \$5,000, proof of reimbursement in cases where the employee was reimbursed but failed to pay the Financial Institution. (Examples of proof would include expense reports or canceled checks.)			

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Visa Liability Waiver

Visa Commercial or Business Card Affidavit of Waiver Claim Form (cont.)

Issuer			
This form must be filed with the Program Underwriter within 180 days of Notification of Termination.			
Issuer Information			
Issuer Name		Amount of Transactions Submitted by the Company (1) \$ _____	
Street Address		Amount Recovered to Date (2) \$ _____	
City	State	ZIP	Total Amount Claimed (Lines 1-2) \$ _____
Contact Person		<i>Must Be Equal To or Less Than Amount Claimed by Company (Line 1)</i>	
Contact Phone		Credit Cards Only:	
Total Number of Valid Company Accounts		Cardholder's Credit Limit \$ _____	
Collection Information		Is the Company Responsible for Charges under the Company Agreement?	
Name of Collection Agency		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Is the Cardholder Responsible for Charges under the Cardholder Agreement?	
City	State	ZIP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person		Is this Claim the Result of a Lost/Stolen Card?	
Contact Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Assignment Made (MM/DD/YY)		If Yes, Date Reported _____	
Date Account Cancellation Request Received (MM/DD/YY)		Is this Claim the Result of a Bankruptcy/Insolvency?	
Date of Account Cancellation on Base (MM/DD/YY)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes, Date Declared _____	
		Credit Cards Only:	
		Has the cardholder sent a check for payment on this account within the last 12 months which was uncollectible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<i>Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Kit and Program Outline.</i>	
		Date Affidavit of Waiver Claim Form Received (MM/DD/YY)	
Recovery of Funds Certification			
I certify that should any amount be recovered by _____ (Financial Institution) or any other source with respect to Waivable Charges, we agree to use these funds to reduce the Waivable Charges and/or the amount of any claim filed with the Visa Liability Waiver Program, or if the claim payment has previously been submitted to us, we shall return such amounts to the Program Underwriter for Visa claims.			
I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE.			
Signature _____		Date _____	
Printed Name _____		Title _____	
Claim Processing Checklist (Prior to Submission)			
You Must: <input type="checkbox"/> Complete every question on this form (incomplete forms will be returned) <input type="checkbox"/> Sign and date this form			
Attach:			
<input type="checkbox"/> Account Cancellation Request Proof		<input type="checkbox"/> Cardholder Agreement with Financial Institution	
<input type="checkbox"/> Company Agreement with Financial Institution		<input type="checkbox"/> Detailed Description of Collection Efforts	
<input type="checkbox"/> Statement/Print Screens with billing date, balance, and account termination date highlighted			
<input type="checkbox"/> For claims over \$5,000, proof of reimbursement in cases where the employee was reimbursed but failed to pay the Issuer. (Examples of proof would include expense reports or canceled checks.)			

Note: At any time, Visa and/or its Program Underwriter may request further documentation regarding proof concerning the charges in question.

Please Send To: Visa Program Underwriter, c/o Liability Waiver – ESIS, P.O. Box 5129, Scranton, PA 18505-0568
Phone: (888) 518-5665 Fax: (800) 503-7107 Email: liabilitywaiverprogram@esis.com

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