

DEBIT/ATM CARD DISPUTE/FRAUD PACKAGE CHECKLIST

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

- ☐ Have blocked card on the ATEX screen (place "9" within the "CARD STATUS" field, **only "9" should be used**) and put description in the memo field.
- ☐ Have completed the macro to order a new card if **FRAUD**. (No members filing a claim will be allowed to keep the same Debit/ATM card number. **A NEW CARD MUST BE ORDERED.**)
- ☐ Have completed the following forms for the appropriate claim being filed (**please place check mark by the type of claim being filed**):
 - ☐ Debit Card Dispute Forms
 - 1) DEBIT/ATM CARD DISPUTE/FRAUD PACKAGE CHECKLIST
 - 2) DISPUTE INFORMATION FORM (2 PAGES)
 - ☐ Debit Card Fraud (non-pin based transactions) Forms
 - 1) DEBIT/ATM CARD DISPUTE/FRAUD PACKAGE CHECKLIST
 - 2) FIS DISPUTE/FRAUD COVER SHEET (3 PAGES)
 - ☐ Debit/ATM Card Fraud (pin based transactions) Forms
 - 1) DEBIT/ATM CARD DISPUTE/FRAUD PACKAGE CHECKLIST
 - 2) FIS DISPUTE/FRAUD COVER SHEET (3 PAGES)
 - 3) TRACER LOG (1 PAGE PER ITEM)
 - ☐ ATM DISPUTE (pin based transactions) Forms
 - 1) TRACER LOG (1 PAGE PER ITEM)
 - 2) **SCAN/INTEROFFICE TO THE EFT DEPT**
- ☐ Have scanned the completed claim package (excluding ATM DISPUTE) to the **Compliance Department** on the same business day claim was received.
- ☐ Have added claim to the Daily Department Reg E Claim log.

I have completed each item on the above checklist as described.

Print Employee Name

Branch

Date of Claim

Time of Claim

Dispute Information Form

Card #:

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 :(Circle 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 I 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? (Circle 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 pick up: _____

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.

☐ **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 pick up: _____

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 pick up: _____

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.

Additional Disputed/Fraud Transactions	

[illegible]

Cardholder Name: (please print)

First: _____ **Last:** _____

[illegible]