

Fraud Information Form

Cardholder Certification of Fraudulent Activity

16 digit card #:

Cardholder Name (please print)

First:

Last:

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

I did not make or authorize the transaction(s) or authorize anyone else to make the transaction(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.