

Dispute Resolution Center (DRC) Dispute/Fraud Cover Sheet

Attention: Chargeback Services

Fax: 1-800-253-1220

Upload: Upload coversheet directly to the Dispute Resolution Center (DRC) - *preferred method*

From (*Institution Name*):

Phone:

Contact name:

Today's date:

Fax:

Date cardholder reported claim*:

Total # of pages:

Total # of transactions:

***If 'Date cardholder reported claim' field is blank, the date will default to the date the document is received.**

Check only one:

Cardholder initiated dispute claim

Cardholder initiated fraud claim

I (the cardholder) did not make or authorize anyone else to make the charge(s) listed.

At the time of the fraudulent transaction(s) occurred, my card was (check one):

In my possession Lost/Stolen Account Takeover Sent Not Received Fraud Application

Institution requests chargeback

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

Non-matching account number Other (Please explain):

16 digit card #:

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

Please ensure the account is permanently blocked if initiating a fraud claim.

Card Status Code:

Date Stated:

Cardholder Name: (please print)

First:

Last:

Dispute/Fraud Transactions

Transaction Date

Post Date

Amount

Merchant Name