

Customer Statement of Disputed Transaction

Please check only one item and print all information. Use a separate form or additional pages to document each dispute.

Mail to: Cardholder Services, P.O. Box 550578, Ft. Lauderdale, FL 33355-0578 or fax to: 954-377-0072.

If you have any questions, please call 1-866-466-8082.

Your Name: _____ Account #: -XX-XXXX-

Transaction Date: _____ Post Date: _____ Amount: \$ _____

Transaction Description: _____ Reference Number: _____

1. I certify that the charge listed on the statement was not made by me nor a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.
2. Although I did engage in a transaction with the above merchant, I have no knowledge of the particular transaction noted above and it was not authorized by me or anyone representing me. My cards were in my possession at the time of the above transaction.
3. Although I did engage in the above transaction (complete **ONE** of the following statements and provide as much detail as possible to support your statement):
- a. The dollar amount of the sale was increased from \$ _____ to \$ _____. I am enclosing a copy of my prepaid sales receipt, which reflects the correct dollar amount.
 - b. I dispute the entire charge or a portion of it in the amount of \$ _____. I have contacted the merchant and a credit has been applied to my account. (Please provide details of the circumstances surrounding this transaction and your calculations used to derive the correct amount, if amount is less than the total billed to your account.)
 - c. I have never received the merchandise. I expected to receive it during the week of _____ (date.) I have since contacted the merchant and asked that a credit be applied to my account.
 - d. All or part of the shipped or delivered merchandise was defective or damaged when received. I returned the merchandise on _____ (date), but have not received a credit for the amount of \$ _____. I am enclosing a detailed statement describing the defects of the merchandise and am enclosing a copy of my proof of return list of the merchandise received, the items returned, and the cost of each item.
 - e. The above transaction is a duplication of an authorized transaction that took place on _____ (posting date.) The reference number of the authorized transaction as shown on my card statement is: _____.
 - f. I am enclosing a detailed explanation of the reason(s) the merchant was not able or willing to provide the requested merchandise/services. I am also providing details of my attempts to resolve this matter with the merchant, including date(s) and the merchant's response(s).
4. I received a credit slip, but it was applied to my account as a charge. I am enclosing a copy of this credit slip.
5. I received a credit slip, but it has not yet been applied to my account. I am enclosing a copy of this credit slip.
6. I guaranteed a hotel reservation for late arrival and subsequently cancelled it on _____ (date) at _____ (AM/PM.) I was given the following cancellation number: _____
7. Other reason: _____

Cardholder Signature: _____ Date: _____

Home Phone # _____ Work Phone # _____

Fidelity National Card Service, Inc. – AFFIDAVIT OF FRAUD

1. My mailing address is _____
My telephone number at home is (____) _____ and at work is (____) _____
2. My Visa/MasterCard credit/debit/prepaid card (Card) was issued by _____ and the
account number is -**XX-XXXX**-.
3. The above card was requested by me. **YES** **NO**
4. The following other persons were issued cards in their names with the same account number as my Card:

5. To my best of my knowledge, my Card was: **(check one of the following)**
- Lost approximately _____
Month/Day/Year
 - Stolen approximately _____
Month/Day/Year
 - Never Received.
 - In my possession at all times when the fraudulent transaction occurred.
6. I learned of the fraud on approximately _____ I reported my Card lost/stolen on _____
Month/Day/Year Month/Day/Year
7. The Transactions listed on the following page(s) of this form were: **(check the box next to each true statement)**
- not made, nor authorized, by me.
 - to the best of my knowledge, not made by any person who was authorized to use my Card.
 - to the best of my knowledge, not made by any person listed in Section 4 above.
8. I did not receive any benefit from the Transaction listed on the following page(s).
9. I do don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card. *(if you have such knowledge, please provide this information in the section on the bottom of page three).*
10. I give consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, provincial or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account.

Primary Cardholder Signature: _____

Secondary Cardholder Signature (if applicable): _____

List of Unauthorized Transactions

(If you are aware of additional fraud charges that are not listed please add them below or 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.

If you have any knowledge of the identity of the person who used your account number of 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).

Additional Comments.
