

Cardholder Fraud Dispute Form

This form is only to be used for fraudulent transactions. A fraudulent transaction is activity where the cardholder/member did not have any contact with the merchant submitting the transaction. **FAX completed 2 page form to 513-900-3543.**

Please Note: VISA European transactions require a cardholder signature to complete the dispute process.

Card Number _____ Cardholder Name _____

The cardholder did not authorize or engage in the following transaction(s).

Number	Transaction Date	Settled / Authorization (S/A)	Merchant Name	Amount	PIN (Y/N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

(If needed attach a separate document with additional transactions)

Cardholder Questions

1. What was the status of the card at the time of the transaction?

Lost Stolen In the cardholder's possession Never received

2. What is the date of the last valid transaction? _____ (MM/DD/YYYY)

Signature _____ Date _____

(Visa European transactions require a signature)

Financial Institution Use

FI Questions -- ACRO_____

Was the card used in the transaction a chip card?

____ Chip PIN Preferring ____ Chip Signature Preferring ____ Not a Chip Card

Has the transaction been reported to MasterCard SAFE – (System to Avoid Fraud Effectively) or Visa Fraud Reporting

____ Yes Date _____ (MM/DD/YYYY) ____ No

If yes, what code was used to report to MasterCard SAFE or Visa Fraud Reporting?

____ **00** – V/MC Lost Card, ____ **01** – V/MC Card Stolen, ____ **02** – V/MC Card Not Received, ____ **03** – Fraudulent

Application, ____ **04N** – V/MC Counterfeit PIN Not Used, ____ **04P** – Visa/MC Counterfeit PIN Used,

____ **06** – Fraudulent Use (MOTO, CNP), ____ **07** – Imprinting of Multiple Drafts

Was the account blocked and listed on the MasterCard Account File or Visa Exception File with a capture card response until the card expiration?

The MasterCard Expedited Billing Dispute Resolution Process (Fraud) Form may be used in lieu of the cardholder letter or cardholder affidavit of alleged fraud if the MasterCard card account is placed on the MasterCard Account File (Warning Bulletin). If answering **No** to this question for **MasterCard**, please **attach a signed cardholder/member letter**. For **Visa** this is a requirement for all fraud disputes.

____ Yes Date _____ (MM/DD/YYYY) ____ No

Has the account been blocked/closed?

The MasterCard Expedited Billing Dispute Resolution Process (Fraud) Form may be used in lieu of the cardholder letter or cardholder affidavit of alleged fraud if the MasterCard card account is blocked/closed. If answering **No** to this question for **MasterCard**, please **attach a signed cardholder/member letter**. For **Visa** this is a requirement for all fraud disputes.

____ Yes Date _____ (MM/DD/YYYY) ____ No