

# Fraud Transaction Dispute Form

## Instructions for filing a dispute:

**Please note:** This form is only to be used to dispute transactions that you believe are **fraudulent**. (A fraudulent transaction is one in which you did not authorize, participate in, or benefit from.) If you are disputing transactions that you do not consider to be fraudulent (disputes with the merchant or an ATM), please use the Non-Fraud Transaction Dispute Form.

1. To submit a dispute using this form, please complete all fields below and all fields in the Transaction Claims section for each disputed transaction. Any missing information will cause a delay in the processing of your dispute.
2. The form can be completed by:
  - Filling it out online and then printing it
  - Printing it and filling it out by hand
3. You may send your completed form by one of two ways:
  - Fax it to 303-389-7324
  - Mail it to:
    - Cardholder Services Center
    - Dispute Processing
    - PO Box 636001
    - Highlands Ranch, CO 80163-6001

## Cardholder Information

\* Today's date (mm/dd/yyyy)

\* Cardholder name

\* Card number

\* Cardholder phone number

\* Address1

\* Address 2

\* City

\* State

\* Zip

I certify that I did not use and that I did not authorize anyone else to use my card for the disputed transactions identified below. I also certify that I did not receive any value or benefit in connection with the disputed transactions. I have made available all information and suspicions I have about the disputed transactions, including any information regarding the identity of the person who wrongfully used my card for the disputed transactions.

I authorize you to share the information below with law enforcement, banking regulators, and other third parties in connection with any investigation of the disputed transactions, including any criminal investigation. I agree to cooperate in any such investigation and in the prosecution of any person believed to be responsible for fraudulently using my card.

I certify that the information in this Fraud Transaction Dispute Form is true and correct.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

I am initiating a claim for the following reason. Select one:

The card was lost

The card was not received

The card was stolen

The card was compromised – the card was in my possession when the unauthorized transactions took place

**Transaction Claims**

Please fill out the amount, date, and name of the merchant for each transaction on which you are claiming fraud.

Claim 1	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 2	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 3	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 4	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 5	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 6	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 7	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 8	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 9	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 10	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 11	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 12	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 13	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 14	Amount \$	Date (mm/dd/yyyy)	Merchant
Claim 15	Amount \$	Date (mm/dd/yyyy)	Merchant