Corpay^

Dispute Processing Form

Please return to: support@comdata.com

Date:_____

Business Name:_____**Account Number**:_____

Email:_____**Contact Name**: _____

Phone #:_____**Total Claim Amount**: $_____

Last 4 Digits of Card #: _____   **Card Token #**: _____
Token # can be found in the Transaction Listing Report

Please identify transactions and attach supporting documentation. Refer to your billing statement for the following information:

Date	Amount	Merchant/Location	For internal use- Reference
Total Claim Amount:			

Please check each box that applied to your claim:

☐ **The card in question was lost/stolen**

    On what date was the card lost/stolen? _____

    I did not participate in any transaction(s) on or after _____

    Comments: _____

    Were police notified: Yes ☐   **No ☐**   **If yes, date notified** _____

    Please include a copy of police report (if applicable) and any other supporting documentation.

  Briefly explain the circumstances surrounding the fraudulent use of the card.

  _____

☐ **Do you have any knowledge of the person(s) who may have used your card? If yes, who?**

  _____
  _____

☐ **Neither I, Nor anyone associated with my company used the card for the transaction(s) listed on this dispute form or listed on the attached spreadsheet/billing statement (if applicable). Transactions must be clearly notated which are disputed.**

  Other:

  _____
  _____
  _____

Selecting one or more of the above dispute reasons indicates fraud, and the card(s) in question will be permanently blocked.

☐ **Requested card was never received.**

☐ **The amount of the transaction is different from the amount billed.**

☐ **My credit card statement shows $_____, however, the amount should be $_____**

☐ **I participated in at least one transaction with this merchant, but did not participate in the disputed transaction(s). The card(s) was in my possession at the time of the transaction(s).**

     ***The valid transaction is: **Date:** _____   **Amount $** _____

☐ **Credit not processed. When was the credit to be issued?**   _____

     ***Note: Must attach supporting documentation to substantiate claim that credit is due: credit slip, voucher, cancellation number, letter from merchant, etc.

     Cancellation # (If applicable)   _____

☐ **The Cardholder was debited more than once for the same goods and services**

     *Alternate means of payment details: _____

☐ **The Cardholder was billed twice for the same transaction**

     *Please include a copy of supporting documentation (i.e., MasterCard Purchases Billing Detail report)

☐ **The transaction was billed for a higher amount than the receipt shows**

     *Please include a copy of the receipt

    ✓   **Please return this form along with supporting documentation using one of the methods listed at the top of this form.**

    ✓   **All claims are decisioned in accordance with the applicable terms and conditions. For more information, please refer to your terms and conditions.**

IF YOU HAVE ANY QUESTIONS REGARDING HOW TO FILL OUT THIS FORM, PLEASE FEEL FREE TO CONTACT CUSTOMER SERVICE AT THE TOLL-FREE NUMBER ON THE BACK OF YOUR CARD.

Issuer's Certification:

*****We certify that this information was obtained via a secure email, and is being disputed by the authorized user. *****

CORPAY INTERNAL USE ONLY

Instructions:

1. **Validate *Account Code* above.**
2. **Validate *Total Claim Amount* above.**
3. **Fill in additional information below.**

GEAC Company Code:_____**Cross Reference:**_____**2in1 Fuelman card:**_____

☐ **Connect Card:** ☐ **Refund (*Paper Check*)** ☐ **Chargeback to Card**

RESET