Dispute Processing Form

COMDATA
Payment Innovation

*******If this form is not legible and completed correctly, and timely, including any supporting documentation, your dispute/claim may be denied.*******

Date: _____

Account Name: _____ Account Number: _____

e-mail address: _____

Address: _____ Phone# _____ Fax# _____

City: _____ State: _____ Zip Code: _____

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

****** **** **** **** Card #:** _____

*******If there are more than 5 transactions, please list on 2nd sheet and write "see attached" below*******

Date	**Transaction Ref#**	**Amount**	Merchant/Location

*****Please check each box that applies to your dispute.*****

☐ THE CARD IN QUESTION WAS LOST. ☐ THE CARD IN QUESTION WAS 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?

_____

☐ The card was misused by the employee assigned to this card.

Was this employee terminated? ☐ Yes ☐ No If yes, date of termination _____
{required}

☐ REQUESTED CARD WAS NEVER RECEIVED.

☐ THE AMOUNT OF THE TRANSACTION IS DIFFERENT FROM THE AMOUNT BILLED.
(Please provide copy of receipt proving correct amount of transaction.)

My credit card statement shows _____ , however, the amt 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 THE POSSESSION OF THE EMPLOYEE/COMPANY AT THE TIME OF THE TRANSACTION (S)**.
*****I participated in this transaction:** DATE _____ AMT _____

☐ HAVE YOU CONTACTED THE MERCHANT?

☐ CREDIT NOT PROCESSED. When was 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 Number (if applicable) _____

☐ 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 (If applicable).

☐ THE CARD(S) WAS IN THE POSSESSION OF THE EMPLOYEE/COMPANY AT THE TIME OF THE TRANSACTIONS(S).

☐ Other: _____

By submitting this form, I confirm that all information and statements contained within are true and accurate.

Issuer's Certification:

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

Please return this form, and any supporting documentation, by email, to fraud@cashet.com within 8 days from the date of receipt of this form. ALL CLAIMS MUST BE RECEIVED WITHIN 45 DAYS FROM DATE OF TRANSACTION (NOT POSTING DATE).

Comdata Inc.
Customer Service
Attn: Colleen Wainwright, Cashet

If you have any questions regarding the completion of this form, please contact us at (310) 275-5033 or help@cashet.com. 062718

Transaction Date	Transaction Ref# (XID)	Amount	Merchant/Location