

**Cardholder Dispute Letter**

**EMV Chip Fraudulent PIN-based Transactions**

**Fax to 281-894-3411**

*Use this form if you are submitting a dispute for an EMV Chip PIN-based fraudulent transaction. If the network does not have a signed cardholder letter, chargeback rights could be at risk.*

Cardholder Name: \_\_\_\_\_ Date Cardholder Initially Contacted FI: \_\_\_\_\_

Masked Card Number: \_\_\_\_\_ \* \* \* \* \* \_\_\_\_\_ Date Card Blocked/Hot Carded: \_\_\_\_\_

**Please provide only the first 6 and last 4 digits of the card number.**

Tran/Local Date: \_\_\_\_\_ Tran Amount: \_\_\_\_\_ Merchant/Acq: \_\_\_\_\_ DataNavigator Case #: \_\_\_\_\_

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Tran/Local Date: \_\_\_\_\_ Tran Amount: \_\_\_\_\_ Merchant/Acq: \_\_\_\_\_ DataNavigator Case #: \_\_\_\_\_

Tran/Local Date: \_\_\_\_\_ Tran Amount: \_\_\_\_\_ Merchant/Acq: \_\_\_\_\_ DataNavigator Case #: \_\_\_\_\_

I am disputing the above charge(s) due to the following reason (**check only one reason**):

I have **not authorized or participated** in this transaction in any way. **My card has not been out of my possession** (Counterfeit).

I have **not authorized or participated** in this transaction in any way.

**My card was:**

**Lost**

**Stolen** on (date) \_\_\_\_\_

I have **participated in one transaction** at the merchant location, **but NOT the transaction listed.**  
I, or someone authorized by me was in possession and control of my card at the time of the transaction.  
The authorized transaction was \$ \_\_\_\_\_ on (Date) \_\_\_\_\_.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

This form should be completed by the Financial Institution, printed for the cardholder's signature, date, phone and email address and faxed to 281-894-3411.

CPS cannot key these disputes without this documentation. If the form is not received within 5 business days of submitting the dispute, the case will be considered closed.