



Transaction Research Dispute Form

Today's Date

Requested by

ACCOUNT INFORMATION

Company Name:		Account Number/Carrier ID:	
Card Number(s):		Cardholder Name:	
Transaction Date(s): ____/____/____ through ____/____/____		Transaction Count: _____	Total Amount of Dispute: \$_____
Company email:		Company Fax Number	

RECOMMENDED: The merchant was contacted on: ____/____/____

Note: Details of the attempt to resolve with the merchant must be noted under the "additional detail" section below, under Dispute Details.

Signature:

Should this form not be signed, the issuer certifies the relationship between themselves and the cardholder that this form is a true, accurate and complete (unedited) message the issuer received from the cardholder. Please allow 60 days for the processing of this request and understand that you are responsible for payment of total balance due until resolution has been communicated.

CLAIM DETAILS

**IF THE REASON FOR YOUR CLAIM IS LISTED ON PAGE 1
PLEASE FAX/EMAIL TO: claims@wexinc.com
Incomplete Forms May Be Delayed Or Not Processed**

Please indicate which EFS product is involved in the dispute:

- MasterCard® Fleet/Fuel Card (Non-MasterCard®) Money Code
 Plastic Virtual Card

What type of funds are impacted by the disputed transactions?

- Fleet/Company Funds Contractor Settlement Funds Driver payroll funds

Select the Following Option(s) That Best Describes the Situation:

- The merchant charged a different amount than agreed.
The amount authorized by the cardholder was \$_____. The amount charged by the merchant is: \$_____
- When the merchant was contacted, did they refuse to:
 Adjust the Price; Repair or Replace the Goods (or other things or value); Issue a Credit
 Note: if none of the above is applicable, describe the merchant's response in the "additional detail" section below.
- The goods or services did not conform to the merchant's description for the transaction (i.e. different quantity, quality, etc.). When the merchant was contacted, did they refuse to:
 Adjust the Price; Repair or Replace the Goods (or other things or value); Issue a Credit
 Note: if none of the above is applicable, describe the merchant's response in the "additional detail" section below.
- Only one sale was authorized for \$_____ (Please select one of the following)
 This transaction is a duplicate for the same amount charged on: ____/____/____ (OR)
 An additional charge of \$_____ was processed without authorization.
 All cards are in the possession of the authorized cardholder.
- A restricted product purchased at this merchant.
 Note: proof must be submitted, i.e. a ticket or invoice copy.
- On: ____/____/____ the merchant agreed to refund: \$_____
- Note: proof must be submitted, i.e. a copy of a receipt showing intended refund.
- Payment was made to the merchant by other means. When the merchant was contacted, did they refuse to:
 Adjust the Price or Issue a Credit
 Note: proof must be submitted, i.e. if paid by check, provide a copy of the canceled check front & back.
- Additional Detail / Other—Please provide your reason for dispute in the area provided below for additional detail.



Transaction Research Dispute Form

DISPUTE DETAILS

Reference the Account Number/Carrier ID in the e-mail subject line because incomplete forms may be delayed or not processed

If the reason for your dispute is listed on Page 2

and

The MasterCard® number begins with: 555049, 555515, 556752, 556790, 553232, 556785, 553265, or 556126

Please email the completed form to wexmcfraud_disputes@wexinc.com

If the MasterCard® number begins with: 556748, 530757, 556797, 556796 or 556798

OR

This is a fuel card or money code dispute

Please email the completed form to customerdisputes@efslc.com or fax (952) 917-5060

Please attach any supporting documentation with your dispute (Police Report, Transaction Detail Report, etc.) and provide all relevant details as to why the transactions are being disputed for expedient processing. Incomplete forms may be returned.

While the claim is being processed, please review the following recommendations:

- Your Company is obligated to keep the account current. If the account is due any credit, it will be granted at the resolution of the claim.
- We recommend your Company file a police report and if applicable contact the merchant location(s) immediately for possible video surveillance evidence as most such locations keep surveillance tape for only a short period.
- Resolution to a claim may take, on average, 60–90 days to complete and resolution may be communicated to the company by letter or email. Company is responsible for payment of the total balance until resolution has been communicated.
- If your account currently does not have Authorization Controls assigned to the cards, we strongly encourage establishing these controls. If assistance is needed with adding these controls, please contact Customer Service or Account Management directly.
- If additional information is needed, we will contact you.

Signature:

To the extent that this form is not signed by Company's representative, by submitting a copy of this document to a third party, the issuer certifies (1) the relationship between itself and the cardholder, and (2) that this form is a true, accurate and complete (unedited) message the issuer received from the cardholder.

Please indicate which EFS product is involved in the dispute:

- | | | |
|--|--|---|
| <input type="checkbox"/> MasterCard® fleet card**(see above) | <input type="checkbox"/> SmartFunds MasterCard®**(see above) | <input type="checkbox"/> Virtual MasterCard®**(see above) |
| <input type="checkbox"/> EFS Fleet Card | <input type="checkbox"/> EFS SmartFunds® card | <input type="checkbox"/> Money Code |

What type of funds are impacted by the disputed transactions?

- | | | |
|--|--|---|
| <input type="checkbox"/> Fleet/Company Funds | <input type="checkbox"/> Contractor Settlement Funds | <input type="checkbox"/> Driver payroll funds |
|--|--|---|

Select the Following Option(s) That Best Describes the Situation:

- The card(s) is in the possession of the company and did not conduct the suspicious transaction(s).
Please indicate if the card is: Lost Stolen
- The intentional improper use of card:
 Former Employee (If Former Employee, please specify exact dates of employment: from ____/____/____ to ____/____/____)
 Current Employee
 Another Suspect (Please Identify: ____ Relationship: ____)
 Unknown Party
- Suspect a merchant employee and a company employee is perpetrating intentional misuse or abuse of card.
- Suspect the merchant is conducting the sales without the card present.
- Other (please explain):