

Customer Dispute Form

Important: Please be aware your employer cannot assist with dispute requests. You must contact Money Network Customer Service directly, using the number on the back of your Card, to initiate your dispute before submitting this document.

Date*: _____

Card Number* (last 4-digits)

Cardholder Name* (First and Last Name)

Address*

City*

State*

Zip*

Claim #*: _____

Lost/Stolen:

Is the Card in your possession? Yes No

If no, was the Card: Lost? Stolen?

Date Lost or Stolen: _____

Cardholder Discovery Date: _____

Date loss or theft was reported to Money Network: _____

Have you ever authorized anyone else to use your Card? Yes No If yes, who? _____

Please list the transactions below that you are disputing and complete page 2. If you need additional space, you can include detail on page 3 with all transactions being disputed.

Post Date	Amount	Merchant Description	Transaction Date

Please return all pages of this document and any additional supporting documentation via one of the following methods:

Print and Mail

DISPUTES
P.O. BOX 2059
Omaha, NE 68103-2059

Print and Fax

Fax: 1-402-916-8249

Email

PrepaidCardDispute@fiserv.com
(Email documents in TIF or PDF only)*

*Required

Please complete the following information to the best of your ability to assist us in working your claim. You may also consider contacting the merchant directly to assist in resolving your dispute.

Check reason for dispute. If needed, include any relevant documents such as receipts or shipping confirmations.

 Duplicate Processing

Original transaction authorized _____
for \$ _____

 Merchandise Not Received

Product ordered _____
Shipped date _____
Attempt to resolve? Yes No
Delivered to wrong address? Yes No
Merchant contact date _____

 Merchandise Returned

Shipped/Returned date _____
Attempt to resolve? Yes No
Include return/shipping receipt or relevant merchant correspondence.

 Cancelled Transaction

Cancelled transaction date _____
Cancellation number: _____

 Unauthorized Transaction

Neither I, nor anyone, authorized by me engaged in the transaction with the above listed merchant.

 Other

Describe in detail below or attach a detailed explanation. Include all documentation supporting your dispute.

 Paid By Other Means

Original form of payment: Cash Card
Please provide copy of receipt or proof of payment.

 Services Not Rendered

Service expected _____
Supposed received date _____
Attempt to resolve? Yes No
Merchant contact date _____

 Credit Not Received

Merchant contact date _____
Partial credit: Yes No If yes, \$ _____
Include return/shipping receipt or relevant merchant correspondence.

 Quality Problem

Describe in detail on page 3
Attempt to resolve? Yes No
Merchant contact date _____

 ATM Non-Dispense

Amount received from the ATM \$ _____

This statement of unauthorized debit is true and correct, I am authorized as the account holder, an authorized signee, or person with corporate authority to act on this account.

Cardholder Signature

Date

Telephone Number(s)

Additional Details